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ABSTRACT

This document reports research and recommendations made by the Pacific Training and Technical Assistance Corporation for a comprehensive child-care program in Berkeley. The report is divided into two sections. Section I, "Research and Planning," describes research methodology and findings and includes demographic information on the city of Berkeley as well as a description of the planning unit process and implementation. Section II, "Proposals," discusses coordination (the bringing together of the various public and private community resources) and services which include (1) licensed day care, (2) group care for infants, (3) group care for pre-school children, (4) child care for primary-school children, (5) the Early Learning Center, (6) child care for upper-elementary children, (7) care of the sick child, and (8) additional proposals for services. There are also proposals for manpower training and legislation. Appendices include a sample parent questionnaire, the planning unit members, members of the Committee on Child Care, directory of child care services in Berkeley, and press clippings. (MS)

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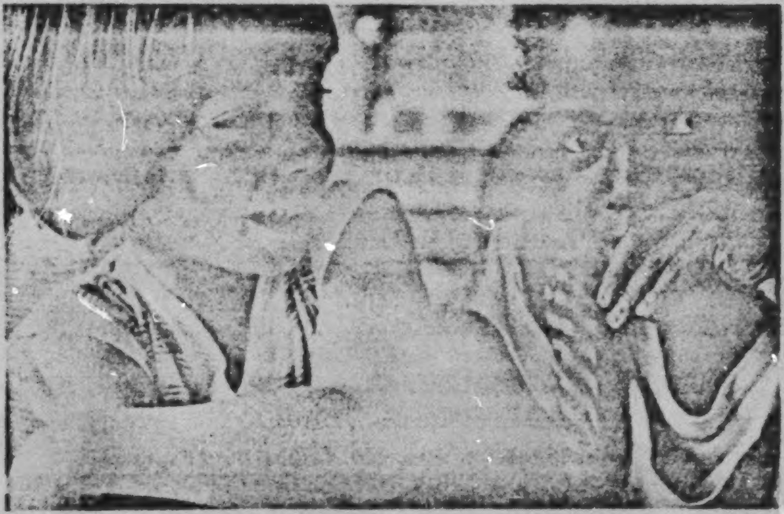
CARE
FOR
OUR
CHILDREN

a comprehensive plan for child care services



Prepared by:

**PACIFIC TRAINING AND TECHNICAL
ASSISTANCE CORPORATION**

August, 1970

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BERKELEY, CALIFORNIA

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CARE FOR OUR CHILDREN

A Comprehensive Plan
for
Child Care Services in Berkeley

Prepared by PACIFIC TRAINING AND TECHNICAL ASSISTANCE CORPORATION

Mr. Otho J. Green, President
Mrs. Violet E. Smith, Project Director

For the CITY OF BERKELEY and the BERKELEY UNIFIED SCHOOL DISTRICT

At the request of the
COMMITTEE ON CHILD CARE

Mrs. Rebecca Tracy, Chairman

Berkeley, California
August, 1970

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August 31, 1970

TO: Berkeley City Council and
Berkeley Unified School District

We are pleased to transmit to you the attached report in compliance with our contractual agreement of February 17, 1970.

The task was large and challenging and the time short. We have been able to complete it, however, because of the outstanding cooperation of the Committee on Child Care, numerous agency representatives and individual parents.

In the course of our research and planning, we have had occasion to make numerous contacts within the community. In all of our contacts, we have been strongly impressed with the concern for developing needed child care services and with the commitment which so many people are prepared to make in order to accomplish this goal.

May we commend you for your foresight in authorizing a research and study project which can provide the basis for Berkeley's on-going leadership in the provision of child care services.

Sincerely,

Otho Green

Otho J. Green
President

OJG:bjm

COMMITTEE ON CHILD CARE

Jointly appointed and supported
by the City of Berkeley and the
Berkeley Unified School District

William C. Hanley
City Manager

Mrs. Rebecca Tracy
Chairman

Richard L. Foster
Superintendent

September 24, 1970

Members, Berkeley City Council
City Hall, Berkeley 94705

Members, Berkeley School Board
1414 Walnut Street
Berkeley, California 94709

Dear Members of the City Council and School Board:

The Committee on Child Care accepts the report CARE FOR OUR CHILDREN, submitted by Pacific Training and Technical Assistance Corporation.

We have been most impressed with the care and skill with which its research was conducted, and by the deep concern for the welfare of our children evinced both by Mr. Otho J. Green, head of the planning firm, and by the project director, Mrs. Violet Smith.

Every effort has been made to ensure accurate reflection of child care needs as expressed by residents of this community, and we feel confident that this report speaks for the diverse groups in Berkeley which are concerned with child care.

In submitting this report to the Berkeley City Council and to the Board of Education of the Berkeley Unified School District, the Committee on Child Care wishes to make the following recommendations:

1) Although we consider all of the program recommendations from the four planning units to be urgently needed, we recommend that the following three (3) items be given immediate priority to be implemented with the funds already budgeted and available at this time.

Members of the Committee on Child Care: Mrs. Velma Bradley, Mr. Frank Davis, Jr., Mrs. Evelyn Elson, Dr. Harold Frazee, Mrs. Rose Marie [illegible], Dr. Elmer R. Grossman, Mr. Bob Guidry, Mrs. Jean Kramer, Mrs. John Macmeeken, Mrs. Joyce Miller, Mrs. Frank Morris, Prof. Lydia Rapoport, Mrs. Barbara Whipperman.

Staff: Mrs. Mary Anne Kojan and Miss Susan Thompson, Early Childhood Education, Berkeley Unified School District

Liaison: Mrs. Dorothy Pitts, Department of Social Planning, City of Berkeley

A. Program Developer (pp. 41 & 42 in report)

i. To provide staff assistance in the development of a coordinating body similar to the Federal 4-C's approach.

ii. To assist in the implementation of proposed programs, such as that for care of the sick child, for upper elementary group care, the training proposal, the organization of family day care operators, etc.

iii. To seek out funding sources (including Foundation grants, contributions from business and industry, state and federal grants), and to prepare proposals for submission.

iv. To seek evaluation of ongoing programs from participants (including users and providers) as a basis for subsequent planning.

B. Proposal for Care of the Sick Child, under administration of the Berkeley Health Department (pp. 111 through 116 in report)

C. Proposal for Group Care for Upper Elementary School Age Children, under administration of the Berkeley Unified School District (pp. 101 through 106 in report)

The report submitted with this letter shows a pressing need for all these programs to begin at once. Therefore we are budgeting the following amounts from the $50,000 Child Care Reserve Fund for their immediate implementation: $10,000 for the Program Development function; $24,000 for the Sick Child program, and $16,000 for the Group Care program for upper elementary children. Obviously, these sums will only serve as seed money to begin the programs and to demonstrate their benefit to the community. We expect that as the programs get under way, the Program Developer will be actively seeking additional funds from a variety of sources to supplement the local contribution.

Because of the lengthy nature of the funding procedures and the urgency of the task at hand, it is obviously of utmost importance that the Program Developer be hired within 30 days of the acceptance of this report. We recommend that the Committee on Child Care, as the group most directly associated with planning for expanded child care in the city, be closely involved with all phases of the hiring process.

2) Finally, we recommend that the Committee on Child Care be continued as a functioning lay committee to assist in implementing the enclosed report, until a permanent community-wide body (as discussed on pp. 31 through 40) can be developed and can begin functioning.

This report will be submitted to the School Board on October 6, 1970 and to the City Council on October 13, 1970 for acceptance and implementation. We believe the report will be of great value to you, and we look forward to answering any questions you may have.

Sincerely,

Rebecca Tracy

Rebecca Tracy, Chairman
Committee on Child Care

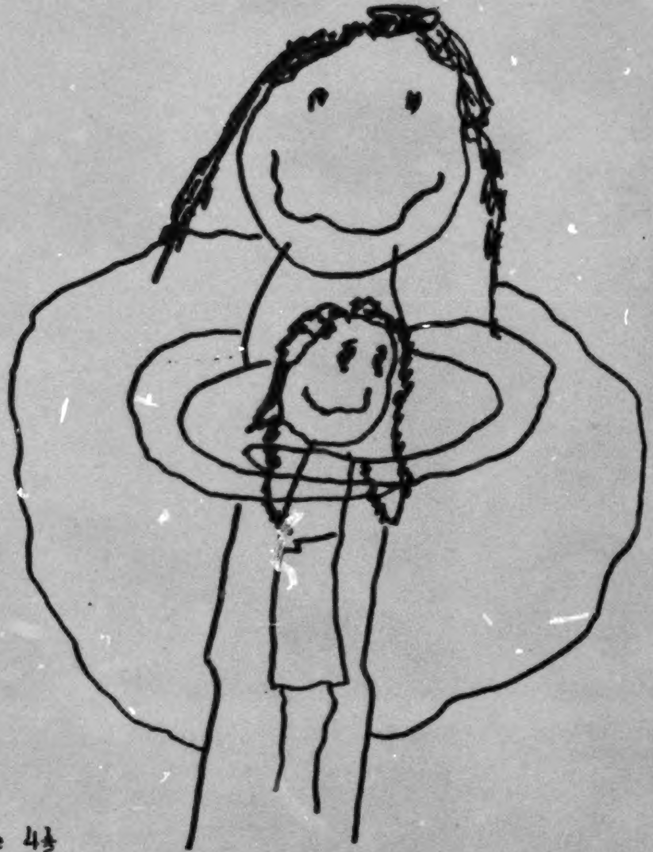
RT:st

KINDNESS

A loving arm
Shelters me
From any harm.

The shelteredness
of kindness
Flows around me.

Poem by
Mary Flett - Age 9



Drawing by
Debbie Feldman - Age 4½

ACKNOWLEDGEMENTS

We wish to express our deep appreciation to the many groups and individuals who have given unstintingly of their time and knowledge to make this study and the development of a plan for comprehensive child care services in Berkeley possible.

We gratefully acknowledge the contributions of:

The City of Berkeley and the Berkeley Unified School District for their financial support of this research and planning project.

The Committee on Child Care for its leadership and the devotion to child care which is so characteristic of all of the Committee's hard-working members.

The many hundredsof anonymous parents and licensed day care operators who cared enough to share their experiences by completing and returning the questionnaires which are the "meat" of the study.

The Berkeley Unified School District, the State Department of Public Health, and the Alameda County Welfare Department, for sharing lists and other resources.

The numerous volunteers who gave endless hours to accomplish the monumental mailing, phoning and other tasks which go into a study of this size. Without their help, the study could not possibly have been accomplished.

All of the child care program directors who made time in their demanding schedules for lengthy personal interviews.

The entire staff of the BUSD Department of Early Childhood Education for wholehearted cooperation in every phase of the project and for sharing information without reservation.

The numerous other agencies and individuals who participated directly in the development of the comprehensive plan.

Acknowledgements

In particular, we wish to express a very special thank you to:

The Planning Unit members, listed in the Appendix, for the willingness, competence and profound concern which they brought to their task.

The Planning Unit Chairmen and recorders who worked diligently throughout the intensive planning period:

Infant:	Dr. Ellen Gumperz Mrs. Barbara Garrett
Pre-school:	Toni Vincent Mrs. Margaret Klein
Primary:	Mrs. Anne Smith Mrs. Dorothy Torres
Upper Elementary:	Luther Stemley Mrs. Anita Rosen

The members of the Committee on Child Care who served as consultants to the Planning Units:

Infant:	Mrs. Rebecca Tracy Dr. Elmer Grossman
Pre-school:	Joan Kramer Mrs. Mary Macmeeken
Primary:	Barbara Whipperman Frank Davis, Jr.
Upper Elementary:	Dr. Harold Frazee Mrs. Velma Bradley

The members of the Editorial Committee who read and re-read every word of the report:

Mrs. Debbie Majteles
Mrs. Rose Weilerstein
Mrs. Helen Wynne
Mrs. Barbara Melich
Mrs. Chris Day
Mrs. Anne Smith
Mrs. Joan Augustine

Acknowledgements

Valuable editorial comments were also contributed by Miss Shirley Eastman of the Alameda County Welfare Department, Mr. Abe Copperman of the Model Cities staff, and Mrs. Barbara Keller of the Department of Early Childhood Education.

The end of these brief acknowledgements is approached with a sense of having said too little about too few. It is, in fact, impossible to appropriately thank - or even to name - all of the hundreds of people who have contributed so much. One can only hope that for all who have shared in this process the effort and the goal are their own rewards.

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SUMMARY

# of the

COMPREHENSIVE PLAN FOR CHILD CARE IN BERKELEY

INTRODUCTION

In 1968 the Committee on Child Care was formed in response to growing community concern about the urgent need for day care services in Berkeley. The Committee discovered that there had never been a systematic determination of parents' needs for care for their children, that there was no means of assessing precisely what, when and where services were needed, that the services were "fragmentary", inadequately coordinated, and insufficient.

The Committee therefore recommended that a research and planning project should be undertaken to:

1) conduct a study of parents to determine child care needs and compare them with existing resources;

2) involve a cross-section of parents and agency representatives in a community-wide process to develop a comprehensive plan for child care services in Berkeley.

The project was supported by the City of Berkeley and the Berkeley Unified School District, and conducted by Pacific Training and Technical Assistance Corporation.

PHASE I was the gathering of information to assess accurately the community's needs for child care services. A questionnaire was developed and distributed to a random sample of parents with children between the ages of 3 months and 12 years. A second questionnaire was sent to licensed day care operators. Personal interviews were conducted with directors of day care programs. Sixty-seven percent of the parents and eighty percent of the licensed day care operators responded. Altogether, more than 700 questionnaires were completed and were carefully analyzed.

PHASE II was directed toward developing a plan for services to meet the needs which emerged. Four planning units, one for each major age grouping, were formed. More than 90 parents, teachers and agency staff, broadly representative of the community, participated in weekly meetings for six weeks. The data was studied, compared with other data and filtered through the knowledge and experience of planning unit members. As a result of this process, with the data from Phase I and the interpretations from Phase II, we were able to develop a series of recommendations to meet the needs.

PHASE III is the community's continuing commitment to implement the comprehensive plan which has been developed.

The following is a very brief summary of the problems identified and of the principles and the major recommendations developed by the Planning Units.

FINDINGS*

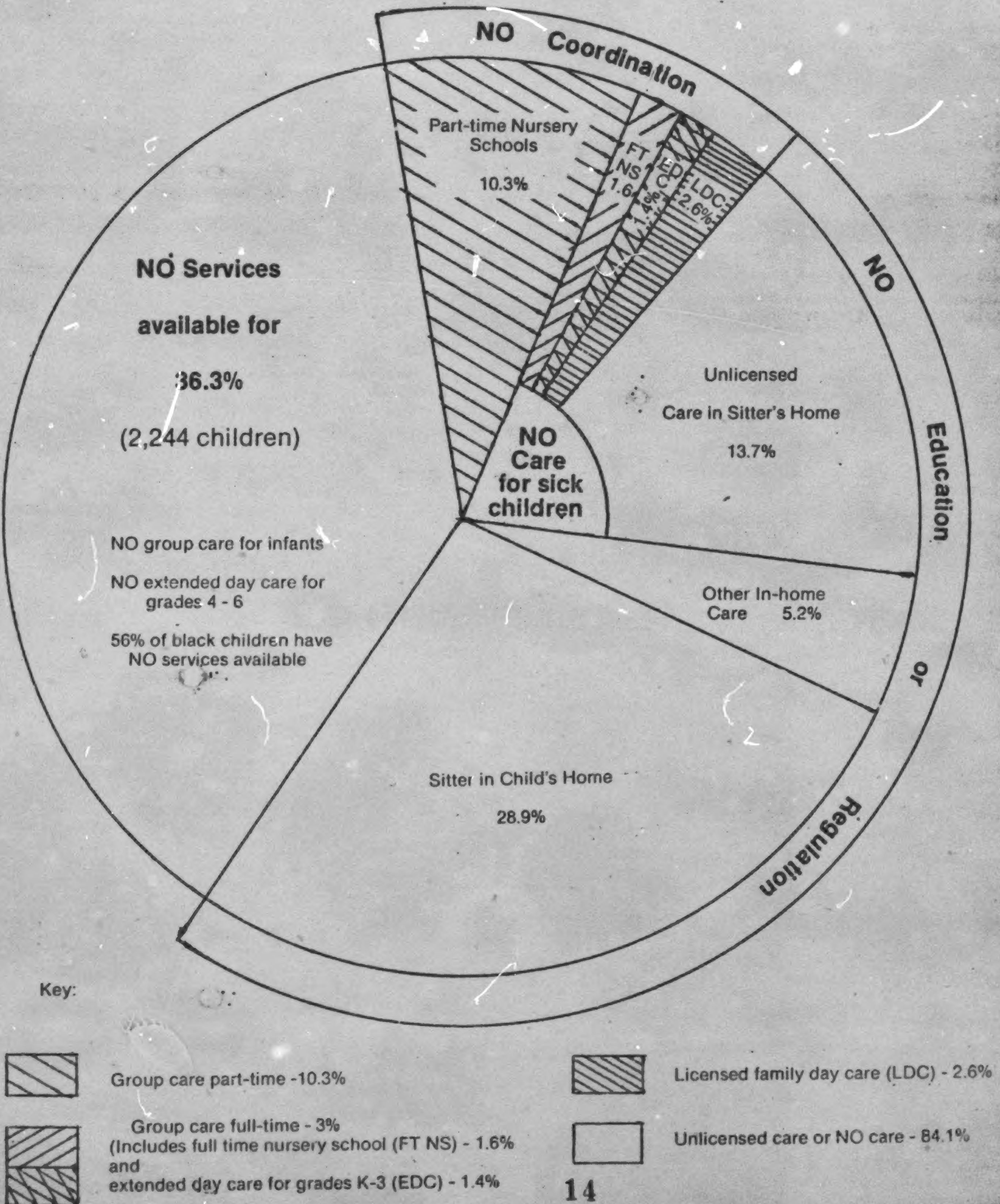
The needs for greatly increased child care services were pinpointed and documented on the basis of the study data. Planning Unit members found that the city's public and private child care programs were generally offering quality service. BUT, they also found that most programs were filled to capacity, with long waiting lists and eligibility requirements that shut many people out. They found that most parents wanted group care for their children...but that few received such care. They found that most people used unlicensed, often inadequate, "in home" care ...because there was no other choice. They found that there was no community group care program for children under two ... despite the fact that literally hundreds of parents with infants work. They found that there were no supervised enrichment programs for after-school care of children in grades 4 through 6 ...that the majority of these children were totally without care. They found that there was no provision for care of sick children ...although the need was extremely pressing. They found that there was no effective coordination, communication, or mutual support among child care programs or among licensed day care operators. And they found that over 2,000 children have immediate unmet needs for child care services.

---

*For a detailed report on the Findings, please see Research Section of the main report.

Figure A — A graphic presentation of the study data, showing percentages and types of services currently being utilized and documenting the unmet needs

(based on the responses of the 56% of parents who "need, want, or use" child care services)



PRINCIPLES ESTABLISHED BY THE PLANNING UNITS

We believe that:

...Society must share with parents the responsibility for the care of all children. The day care crisis involves every segment of our society and the total community must participate in finding acceptable solutions.

...High quality child care must be available for all who want to use it, irrespective of social class and economic need, with fees based on each family's ability to pay.

...Variety and freedom of choice are essential components of an effective program of child care. No one service is suitable for all children and all family situations.

...Parents have a deep and abiding concern for the welfare of their children and must have a share in the control of any program affecting their lives.

...Quality care must provide:

A safe, wholesome, comfortable, secure "home away from home".

Warm, sensitive adults who are continuously responsive to each child's physical, emotional, and intellectual needs.

Educational and enrichment experiences and an opportunity for social interaction with children of varying social and economic backgrounds.

We believe that children, families and society will benefit from the provision of quality child care in accordance with these principles.

COORDINATION

We recommend that a representative group of parents and public and private agencies be convened by the Committee on Child Care with the objective of forming a Community Coordinated Child Care (4-C's) Program. This representative group would become the 4-C's Policy Committee, a coordinating mechanism for:

...welding our fragmented child care services into a workable system

...insuring continuity of care for our children

...maximizing the effectiveness of all child care services

...providing the means for collective advocacy

...aiding in the orderly and systematic development of child care services designed to meet community needs.

It should be stressed that 4-C's does not provide direct services -- it is a method whereby autonomous groups meet together for purposes of coordination and communication.

We recommend that the Office of Community Child Care become the agency of the 4-C's Program, with staff to provide the following community-wide services:

1. A Central Referral Service - one number to call for complete information and assistance in relation to all child care needs; and
2. Program Development - to implement the proposed programs, seek out funding sources, facilitate the process of coordination and aid in the assessment of programs as a basis for continuing planning.

A 4-C's Program, and the Office of Community Child Care, can become the hub of a system of child care service, linking all the separate, autonomous programs into a working whole and providing the mechanism for development of much needed new programs for the benefit of children, parents, agencies and the community.

SERVICES

I. Licensed day care

Problem: While licensed day care has numerous advantages, it is presently serving only 4.3% of children receiving care, as compared with 22.1% served in unlicensed, unregulated homes. The very efforts made to assure quality care in licensed homes are, in fact, penalizing day care parents by making their services more costly and less readily available.

Goals: To provide the support and assistance necessary to make this valuable community service available to more people and to provide a powerful incentive for unlicensed operators to become licensed.

Recommendations:

1. Formation of an organization of licensed day care operators for purposes of mutual assistance in coping with the problems identified, including:

   ...Collective purchasing

   ...Negotiating with the city and county for clarification and simplification of licensing procedures

   ...Negotiating with the city for reduction or elimination of special fees

   ...Electing representatives to the 4-C's Policy Committee

   ...Participating in the development of educational programs

   ...Assisting in recruiting both homes and clientele

   ...Investigating sources for securing home improvement loans

   ...Developing a system of aid in the collection of delinquent fees

2. Thorough exploration of the possibilities for subsidizing licensed day care homes under the auspices of:

   a) The County Welfare Department
   b) The Berkeley Unified School District
   c) The South Berkeley Model Cities Neighborhood Council.

3. Provision of training for licensed day care operators.

4. Development of a Homemaker Service for Sick Children to assist the licensed day care operator in caring for a sick child or providing relief for the operator when she is ill.

These recommendations are intended to assure licensed day care operators an adequate income without impairing the quality of their service or penalizing the families who need the care provided. Only then will it be more attractive to operate and use a licensed, rather than an unlicensed, facility.

II. Infant Care (Birth to 2½ years)

Problem: More than 400 infants need regular part-time or full-time care which they are not now receiving. 95% of all infants who are receiving care are served by unlicensed sitters in marked contrast to the parents' strong preference for group care. No infant group care programs are available for the infants of working parents in Berkeley.

Goals: To provide high quality, highly-individualized, group care for infants, on a full and part-time basis, available to all who need it, with fees based on ability to pay.

Recommendations:

1. Formation of an independent non-profit corporation of parents and community representatives to develop an infant care center serving 32 children, half full-time and half part-time (24 at one time), with a staff-to-infant ratio of 4:1, and a program suited to the emotional, intellectual and physical needs of the infants. Impetus could be provided by EOO-BA, Model Cities or other interested group, and Federal 3:1 funds secured.

2. Development of a similar pilot Infant Center by the Berkeley Unified School District. Such a program would have the special benefits of instructional and support services from the District and continuity of care between the Infant Center and Children's Centers.

3. Development of a program of mini-centers, operated as "satellite homes" to existing Children's Centers. In this approach, there would not be a single facility for the care of 24 children, but a series of family day care homes, each serving four infants, associated with a Children's Center. Day care operators would be directly employed by the schools, and would have the advantages described above.

4. Investigation by EOO-BA of the possibility of developing a Parent-Children's Center (a federally-funded

program under OEO) which focuses on the career training of welfare mothers and simultaneously offers a program of infant care for the children of enrollees.

All four are to be considered pilot programs, with special emphasis on comparative evaluation because of the newness of group care for infants. If all four programs were developed, serving 32 children each, they would fill approximately one-fourth of the known need.

III. Pre-School (2½ to 5 years) and Primary (Kindergarten through 3rd grade)

Problems: Fewer than 10% of all children receiving child care are served in group programs. Of these, the vast majority attend part-time programs (15 hours a week, or less). An estimated 800 children have an immediate unmet need for all-day nursery schools, or before and after school programs. The extreme shortage of such "full coverage" programs creates severe hardship for working parents - both low-income and middle-class families who cannot manage the cost of private care.

Goals: To develop quality programs flexibly structured to accomodate children of many ages for varying periods of time (up to 11 hours per day). To provide continuity in the child's learning experiences. To develop racially and economically integrated child care programs, involving the parents as both participants and controllers of their children's experiences.

Recommendations:

1. Reconstitution of the Berkeley Unified School District's Primary Schools as Early Learning Centers serving children from 2½ to 9 years of age in a flexible integrated program of nursery school education, academic instruction and child care.

The Early Learning Centers would incorporate all of the existing public-school-administered programs for children between 2½ and 9 years of age (including Children's Center nursery schools, Children's Center extended day care, parent participation nursery schools, and primary schools). They would be flexibly operated to accommodate children from 3 to 11 hours a day. The nursery school and child care portions of the total program would be available to all who wished to utilize them on a sliding fee basis. School facilities, school playgrounds, portable bungalows, and, possibly, specially-constructed cottages and nearby houses, could all be utilized (and would need to be made as "homey" and congenial as possible). Staff would include professionals and para-professionals (of both sexes and from diverse cultural backgrounds) with staff-to-pupil ratios comparable to those in Children's Centers. Every effort must be made, by both parents and the schools, to make the concept of parent involvement in decision-making a reality.

Unifying all of the school-administered programs for young children into Early Learning Centers would:

...provide continuity in the child's learning experience

...eliminate the artificial distinctions between "education" and "child care"

...reduce the per-child cost of operation through the elimination of duplicated administrative and overhead costs

...guarantee a racial and economic "mix" in all programs

...involve parents in a continuing and effective relationship with the schools

...be a step in the direction of utilizing schools as community centers serving the entire community

It is recommended that two primary schools be reconstituted as Early Learning Centers each year for the next five years, so that all of the children needing child care services may be served.

2. Encourage Model Cities to consider the development of a similar, but expanded, multi-purpose family center in the Model Cities area, to be independently administered by a Board of parents and community people.

IV. Upper Elementary

Problem: There are no programs offering both enrichment and real supervision for children in grades 4 through 6. A minimum of 276 children are immediately in need of such services, and 76% of these children are totally without care while their parents work or attend school.

Goals: To provide a meaningful, stimulating and well-supervised program for all children in need of after-school care and to provide assurance for their parents that a responsible adult is aware of the child's whereabouts and activities at all times.

Recommendations:

Development of after-school programs for children in grades 4 through 6 at all four intermediate schools, utilizing school buildings, and school administrative and custodial staffs. The school busing system and the playground directors and recreation specialists would be provided through the Recreation Department. Additional "child care" teachers would be employed (probably from the staff of the school) to provide supervision, program coordination, and a staff-to-pupil ratio of 1:12.

The program as planned would be available to all who need it, regardless of parental income or other considerations, and would serve children on both a regular and occasional basis. Because of the tie-in to existing facilities and services, the cost of the program is extremely modest and could be largely covered by parent fees. Because of the total lack of child care services for this age group and because of the feasibility of immediately providing services for all who need them, this program has a high priority for implementation within the coming year.

V. Care of the Sick Child

Problem: All group programs and most licensed day care operators exclude children who are ill. This is an extremely serious problem for the working or student mother. 80% of the parents stated that they had no choice but to remain at home, frequently losing a day's pay and sometimes jeopardizing their employment; and 3% stated that they left the children alone or with siblings.

Goal: To find the means for alleviating this problem without jeopardy to the sick child or to other children.

Recommendations:

1. That group programs plan to provide care for children who are convalescing or mildly ill.

2. That all programs encourage preventive medicine through requiring immunizations prior to admission.

3. That a new Homemaker Service for Sick Children be developed to provide care for the child with a lingering illness requiring quarantine, the child who is still feeling too ill to return to his regular program, and the child with a fresh cold, stomach upset or other minor illness in the contagious stage.

The program is conceived as a central switchboard and dispatch operation, and no special facilities are required. Any parent needing care for a sick child could call in and request the service of a homemaker, who would then be contacted and dispatched to the home. Parents would pay in accordance with their incomes and the community would make up the deficit. A pilot program involving five homemakers is suggested, with each homemaker working a minimum of thirty hours a week. We feel that the program should be administered by the Berkeley Health Department in order that the homemakers may have access to professional health personnel for back-up and training as well as an opportunity to participate in the career development program for health aides.

The need is clear and the service could be rapidly developed. We recommend that it be implemented as soon as negotiations with the Health Department can be undertaken.

VI. Manpower Training and Other Proposals

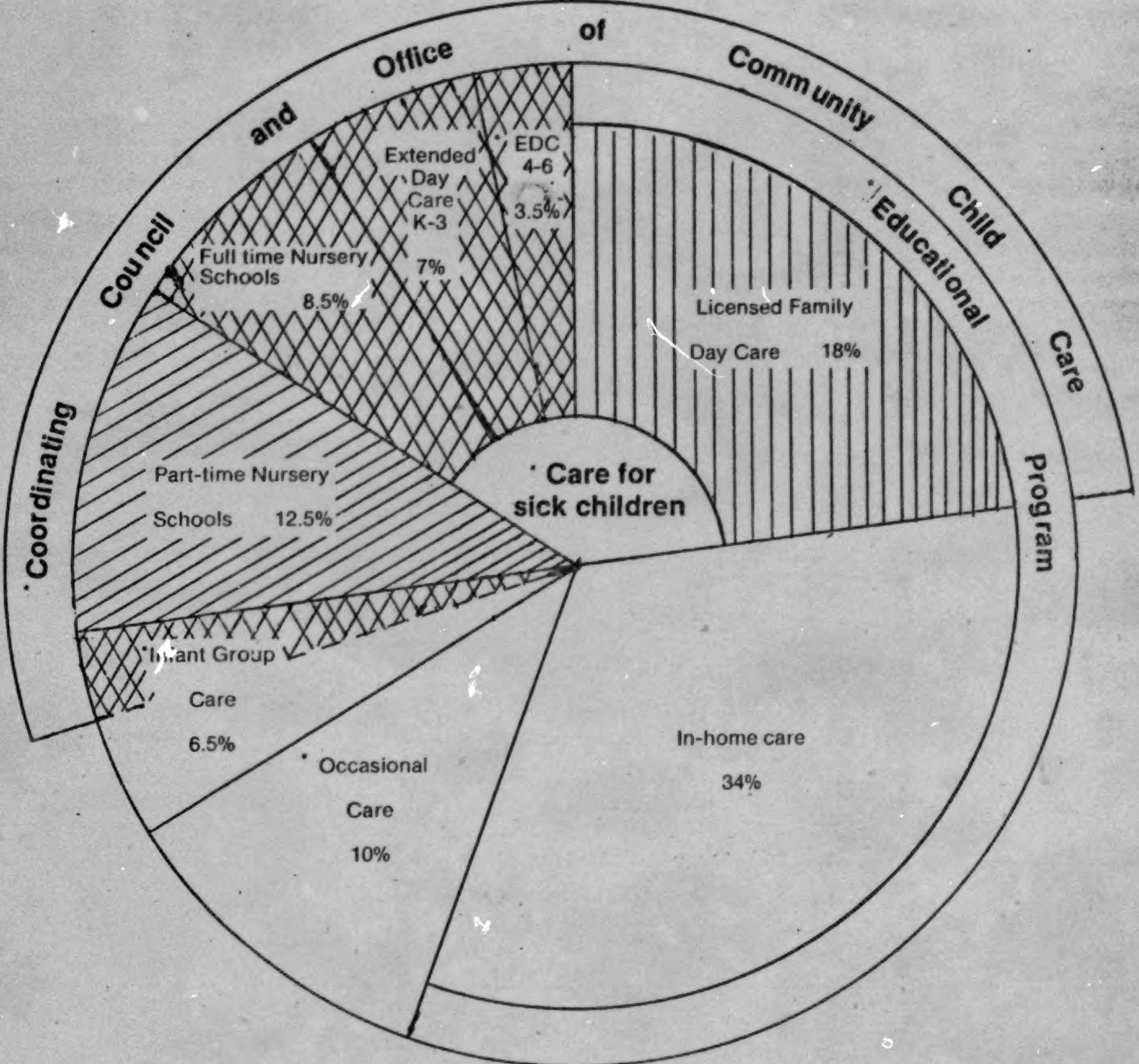
There was consensus that a program especially designed to meet the educational needs of "in home" child care workers was vitally needed. It is recommended that such a program be offered through the Berkeley Adult School and that it be structured to include weekly educational and discussion meetings, observation and in-service training.

Other recommendations related to the development of "drop-in centers", child care for handicapped children, legislative activity, involvement of business and industry, and private child care. All are important; all contribute to the desired comprehensiveness.

It is hoped that all of the recommendations detailed throughout the report will serve as a guide for the development of varied, and much needed child care programs. It is hoped that all of the programs can be implemented by 1975.

XII

figure B — **A summary of the Comprehensive Plan for Child Care Services, developed by the Planning Units, depicting the expansion of existing services and development of new services which would be required to effectively meet the needs of Berkeley children for child care services.**



Key:

▨ Group care part-time (expanded from 10.3% to 12.5%)

▩ Group care full-time (expanded from 3% to 22%, based on extensive expansion of existing facilities and the addition of infant care and extended day care for grades 4 - 6)

▥ Licensed family day care (expanded from 2.6% to 18%, primarily through providing incentives for the unlicensed to become licensed)

* NEW program proposals

CONCLUSION

The foregoing plan, developed by more than 90 community representatives, is an attempt to offer urgently needed and workable proposals to meet some of the most pressing child care problems in Berkeley. It provides a means of increasing the effectiveness of existing programs and adding those that are essential to fill the most conspicuous gaps. It offers help to the parents who wrote:

> "...30% of my take-home pay goes for child care
>
> ...My 3 year old is left outside to play all day
>
> ...It is impossible for me to find a loving, competent adult to care for the children
>
> ...The babysitter locked the kids out in order to keep the house clean. We found out when they set fire to a toolshed
>
> ...I don't qualify for a Children's Center and I can't afford private care, yet I need child care just like any other working mother
>
> ...I wish my 11-year-old daughter didn't have to give up after-school activities to come home and baby-sit every day
>
> ...My daughter gets absolutely no individual attention
>
> ...The children aren't happy."*

...and to the more than 2,000 others with immediate unmet needs.

With so much at stake for so many, can we afford not to implement this plan? If it is true that "this nation, the richest of all world powers, has no unified national commitment to its children",** then perhaps it is time that we in Berkeley begin to demonstrate our commitment to CARE FOR OUR CHILDREN.

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*Quoted from the parent questionnaire responses

**From the Report of the Joint Commission on the Mental Health of Children

INTRODUCTION

> "This nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are a child-centered society, that we look to our young as tomorrow's leaders, is a national myth. Our words are made meaningless by our actions - by our lack of national, community, and personal investment in maintaining the healthy development of our young, by the miniscule amount of economic resources spent in developing our young...
>
> "This Nation, which looks to the family to nurture its young, gives no real help with child-rearing until a child is badly disturbed or disruptive to the community... The family cannot be allowed to withstand alone the enormous pressures of an increasingly technological world..."*

With the emergence of the "nuclear family" and the increase in family mobility, parents (and frequently one parent) are now faced with assuming total responsibility for care of their children, a responsibility which was formerly shared by grandparents, neighbors, aunts, etc.

We believe that the time has come to recognize that society as a whole must assume the dual role of extended family and intimate neighborhood in sharing responsibility for the care of all children. While many mothers will always choose to remain at home and some are financially able to do so, an increasing number of mothers must and do work: "In 1940, one mother in 10 worked; the new 1970 census figures are expected to show that almost 5 in 10 are working."** Others are preparing for vocations, and many are recognizing the desirability, both for themselves and for their families, of their involvement in outside activities to fulfill their own human needs. All of these trends are serving to remove the mother from exclusive

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*From the Final Report of the Federal Joint Commission on Mental Health of Children, Inc., Washington D.C., 1969.

**Featherston, Joseph, "Kentucky Fried Children", New Republic, Sept. 12, 1970.

24-hour-a-day care of her children. Nonetheless, her concern for the well-being of her children remains - and may, in fact, be heightened by her absence from them.

It is essential that parents be free to pursue work, school and other necessary activities in the full knowledge that their children are well cared for, in a safe place, by loving adults, with adequate opportunity for the fullest realization of their potential - socially, emotionally, intellectually and physically. It is essential that children have these opportunities. It is essential for society that all of its children have the maximum opportunity for becoming healthy productive adults.

As the 1969 Report of the Berkeley Committee on Child Care states: "Absence of good day care penalizes the child (for whom second rate arrangements must be made) as well as the mother (who usually has no choice but to work). When the child is the loser, society ultimately is the loser too."

We strongly recommend that the community undertake to offer high quality care for all who want it - at a price all can afford to pay. Every child should have access to such care - irrespective of race, social class, economic need, place of residence, employment or marital status of parents, physical or mental handicaps of children, and all the other considerations currently used to limit eligibility. All child care programs should be racially, socially, and economically mixed so that children from varied backgrounds may come to know one another fully.

We believe that no one type of child care service is suitable for all children and all family situations. We believe that variety and freedom of choice are essential components of an effective program of community child care, that a broad spectrum of services (both public and private) must be provided to meet the varying needs of the children of Berkeley.

We recognize that learning takes place throughout the child's life, throughout every day and in response to multiple experiences. Quality child care provides a significant learning experience, a complement to formal education. There should be no separation between "education and "child care". All services for children must be articulated and coordinated to provide continuity in the child's life and learning experiences.

We believe that parents have a deep and abiding concern for the welfare of their children and must have a share in the control of any program affecting their lives. Child care is a supplement to good maternal care, not a substitute for it. Child care is a means of strengthening individuals and families. Child care can help to reinforce the positive bonds which link families with the community.

Therefore, with the Joint Commission on Mental Health of Children, "We recommend the creation of high quality, universally available pre-school education and day care programs which are continuous, year-round, and based on sound knowledge of child development."*

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*From the Final Report of the Federal Joint Commission on Mental Health of Children, Inc., Washington, D.C., 1969.

SECTION I

RESEARCH AND PLANNING

HISTORY

Child care programs came to Berkeley - and the nation - during World War II, when mothers were needed for work in war industries. After the war, many of the federally-funded centers were closed throughout the United States. A small program did survive in California when a few of the federally-funded programs were taken over by the State Department of Education in 1946.

Ironically, just as centers were closing, the incidence of working mothers was rising. According to the Labor Bureau, the percentage of women with pre-school children who enter the labor force has doubled since 1948. As the labor force has grown, as the importance of early education has become more widely acknowledged, interest in child care has also grown.

Particular evidence of this interest is shown by two reports in Berkeley in the last five years:

> In 1965, a study was done by the local Council of Social Planning, recommending a series of moves to expand services and stressing the need for coordination.
>
> In 1967, the School Master Plan report of the Berkeley Unified School District, recommended that "The full range of day care and nursery services, coordinated in the Children's Center concept, should be available to all Berkeley children on a voluntary basis, under public auspices without excluding the possibility of parent financial contributions."

Despite the excellent recommendations contained within these reports, there have been no increases in full-day child care services in Berkeley during the past five years, no community-wide coordination of child care services, and no group programs at all for many hundreds of children.

In 1968, the Committee on Child Care was formed in response to the growing community concern about inadequate daytime care for children whose parents work, go to school, are in training programs, or otherwise desire an enriched group experience for their children.

The Committee on Child Care, jointly appointed by the City of Berkeley and the Berkeley Unified School District, was charged with describing the problems and making recommendations to alleviate them. In March, 1969, the Committee's report was presented to the city council and school board, setting forth the current status of day care in Berkeley and making both general and specific recommendations for dealing with the needs.

One of the primary recommendations was to secure professional assistance in compiling hard data, specific to this community, as a requisite for the kind of comprehensive planning which was deemed necessary. To quote their report:

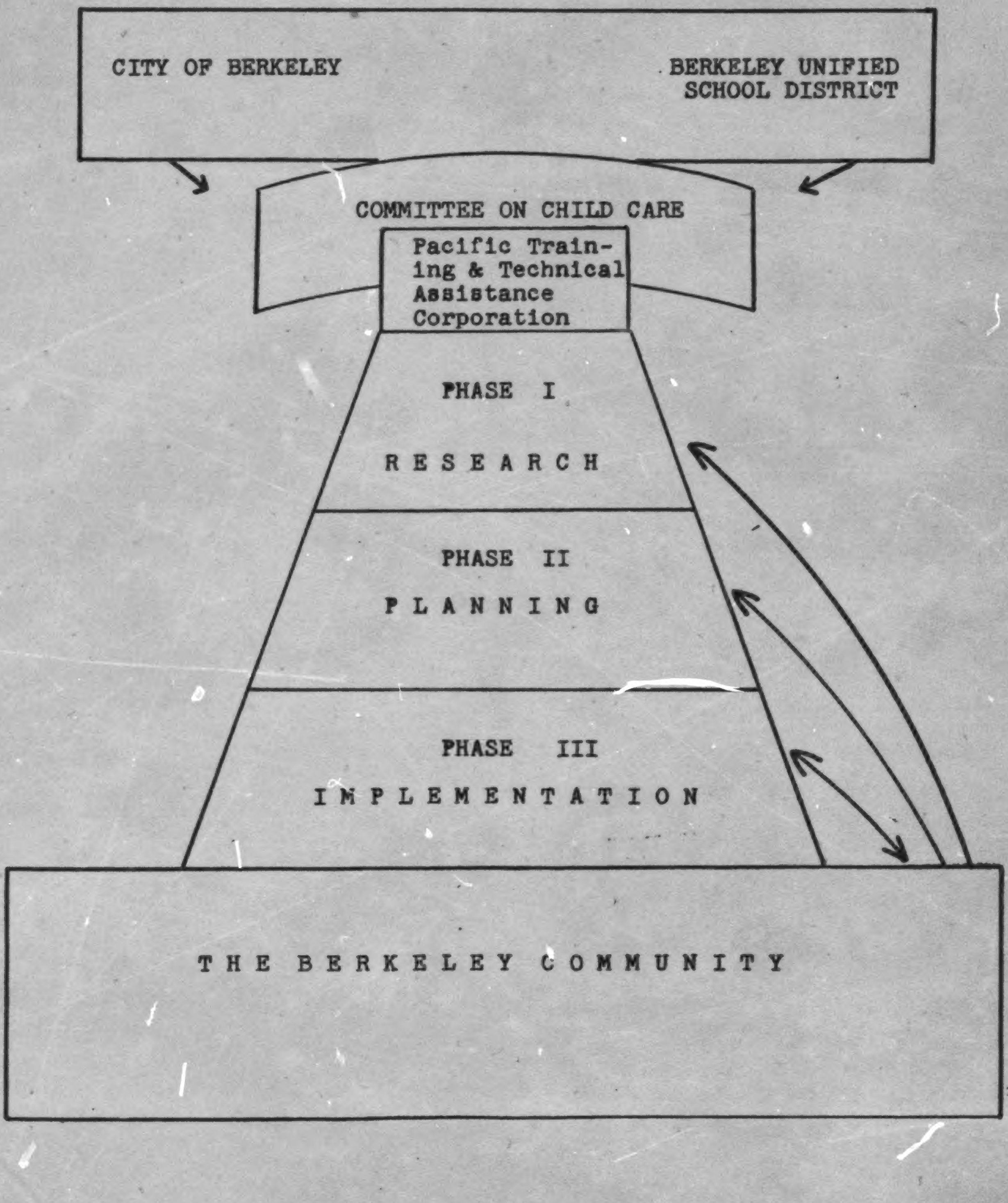
> "This plan, made with the participation of the total community, should provide a blueprint for action, clearly establishing priorities and areas of responsibility, pinpointing on the map just where the children live who need day care services...
>
> "This plan should provide a fresh, coordinated overview of the total child care picture in Berkeley, enabling the orderly planning of a package of child care services to replace the fragmentary insufficiency of the moment."

The fact that both the City Council and the Berkeley Unified School District agreed with this recommendation and were willing to supply funds (however limited) for the hiring of a professional planner demonstrated a significant commitment to child care on the part of both of these key bodies.

In February, 1970, after numerous firms were interviewed, a local planning firm, Pacific Training and Technical Assistance Corporation, headed by Otho J. Green, was selected to undertake the 6-month Child Care Study Project.

The following chart clarifies the nature of the relationships and demonstrates the fundamental commitment to a three-phase process involving the Berkeley community and culminating in the implementation of a comprehensive program of child care services.

Figure 1: Structure and relationships of the research and planning project.


CITY OF BERKELEY
BERKELEY UNIFIED SCHOOL DISTRICT
COMMITTEE ON CHILD CARE
Pacific Training & Technical Assistance Corporation
PHASE I
RESEARCH
PHASE II
PLANNING
PHASE III
IMPLEMENTATION
THE BERKELEY COMMUNITY

PHASE I - RESEARCH

OBJECTIVES

To arrive at a precise identification of the gaps between needed child care services and existing child care services, and

To gather quantitative documentation of the unmet needs in terms of the age of children needing care, hours care was needed, types of care desired, optimum locations and other factors in order to provide an accurate basis for planning.

Gaps in service could best be identified by comparing the child care needs expressed by parents with a detailed study of existing resources. A two-pronged study was therefor undertaken.

METHOD

A. Study of Parent Needs

Since no prior study had been made of child care needs based on parent responses, it was necessary to devise a schedule for securing the desired information from parents and to develop a sampling method which would yield accurate information about the total population of young children in Berkeley.

1. Development of the Questionnaire

The first task was to design a questionnaire which would be applicable to all possible child care situations, which would communicate with parents from all sections of the community, which would be brief and simple to complete, and which would lend itself to meaningful interpretation in relation to the following information:

Ages of children
Composition of the household (including information on one-parent families)
Need or desire for child care

Reason(s) for needing or wanting child care
Type(s) of care now utilized and cost of such care
Degree of satisfaction with care currently being utilized
Any unmet needs for care (including ages of children needing care and hours when care would be needed)
Method of dealing with children's illnesses
Types of care preferred
Ability of family to pay for child care
Transportation problems, if any
Experiences in relation to securing child care services

After the questionnaire was drafted, it was pre-tested with working parents, AFDC mothers, and parents in a parent-participation nursery school. Following each pre-test, indicated changes were made. The questionnaire in its final form is appended.

2. Selection of the sample

Consistent with the goal of reaching the broadest possible cross-section of parents, it was essential to attempt to identify the total population of young children (the Committee on Child Care had defined the potential users of child care as all children from birth through age 12.) Our sources of information could only provide lists of children between the ages of three months and 12 years, and this was accepted as an adequate age distribution. All references to total population hereafter refer to children in this age grouping.

A listing of the population of school age children was secured through the cooperation of the Berkeley public schools, and the private and parochial schools in Berkeley. These lists were up-to-date and complete. A random sample of one in fourteen was drawn from these lists.

Finding a single source of pre-school names was more difficult. The best source was the State Department of Public Health which maintains such a listing in conjunction with its immunization program (this listing includes all children who were born while their parents were residing in Berkeley and as many others as the Department can locate). While this was the best list available and we are grateful to the State Department of Public Health for making it available to us, it was not as complete as the school lists. It averaged approximately 900 names for each year as compared with 1200+ names per year for the school listing. We therefore drew a random sample of one in ten, to compensate for the numerical deficiency.

Altogether then, we were able to define a known population of 13,723 children between the ages of three months and 12 years. From this population, we drew a random sample of 1,096 names. Eliminating questionnaires returned by the post office as non-deliverable, our total sample was 927, sufficient for accurate projection to the total population of children studied.

3. Distribution of questionnaires

After the questionnaire was developed and pre-tested and the sample drawn, we undertook a complete mailing to all those in the sample. The mailing included a questionnaire, a cover letter signed by the chairman of the Committee on Child Care, and a postage free return envelope. Questionnaires were pre-coded to permit follow-up. Complete confidentiality with regard to the identity of respondents has been maintained throughout.

After a period of ten days, telephone calls were made to all those for whom we could secure telephone numbers. If the telephone respondent indicated that he did not need, want or use child care services, a questionnaire was completed showing a response of "No Services needed." Taking negative responses over the phone assured a balance of responses, since those with need were assumed to be more likely to respond. If the respondent did need, want or use services, he was encouraged to complete his questionnaire and return it. All those who still failed to return their questionnaires and all those who could not be reached by phone, were sent a second questionnaire.

This combination of two mailings and telephone follow-up produced a 67% response. Since questionnaires were completed by parents and most parents had more than one child, we actually received direct information on 1,287 children, prior to the cutoff date.

We mailed a third letter to 10% of the non-respondents after the cutoff date and received a 2/3 response to this mailing as well. An analysis of the responses showed that this "non-respondent" population was in no way different from the "respondent" population. In addition, we plotted the addresses of the respondents on a Berkeley map and found that the responses had been received from all sections of the community (a detailed analysis of the completed questionnaires showed that 12% of the respondents lived in the Model Cities neighborhood and, in fact, 12% of the city's population is estimated to be living in the Model Cities area). A further verification of the representative character of the respondents was secured by a comparison of the parent's reported usage of licensed day care homes and group programs with the enrollment in these programs as determined by the direct study of these programs. This comparison showed a marked and consistent correspondence and provided a high degree of confidence in the accuracy of both sets of data. (See page 48 for exact figures.)

As indicated earlier, questionnaire responses received prior to the cutoff date provided information about 1,287 children out of a known population of 13,723 children between 3 months and 12 years. The ratio of population to sample was 10.6 to 1, and projections to the total population were made by multiplying sample figures by that ratio. Since the known population is smaller than the true population (it is impossible to determine by exactly how much, but estimates of the total population in this age group range from 15,000 to 18,000), we know that all of our projected figures are low. When the census figures become known, the percentages yielded by the study can be applied to the census data in order to produce a fully accurate picture.

B. Study of Resources

1. Licensed Day Care Operators:

In consultation with the Alameda County Welfare Department, Licensing Division, a special questionnaire* was developed for licensed day care operators, covering the following information:

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*A copy of this questionnaire is on file at Pacific Training and Technical Assistance Corporation.

- Number of children served
- Number of children who could be accommodated
- Number on waiting list
- Number turned away
- Age, hours and days, and fee for each child being cared for
- Number of children living in Berkeley
- Methods of transportation utilized by parents
- Status of parents (e.g., single parents, working parents, etc.)
- Description of a typical day's activities
- Handling of illness (of children and of operator herself)
- Problems in serving as a licensed day care operator
- Ways in which Alameda County Welfare Department could be more helpful
- Interest in meeting with other day care operators, participating in educational program, discount shopping, etc.
- Interest in working with a Planning Unit
- Other suggestions

The questionnaires were sent to all licensed day care homes in Berkeley (a list of 61 homes was supplied for this purpose by the Alameda County Welfare Department Licensing Division). The mailing was followed up by telephone contact and a second mailing where needed. Altogether, 80% of the licensed day care operators returned completed questionnaires.

2. Group Care Programs

In cooperation with the director of the Department of Early Childhood Education, a lengthy 8 page questionnaire*was developed covering all aspects of group care:

- Administration
- Staff
- Finances
- Housing
- Program
- Population served
- Recommendations and plans

A complete list of all group programs -- public and private, full-time and part-time -- was developed,

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*A copy of this questionnaire is on file at Pacific Training & Technical Assistance Corporation.

and a personal interview was conducted with the Director of each of the programs. These in-depth interviews were done by the Program Assistant from the BUSD Department of Early Childhood Education, with the help of graduate students and other qualified volunteers. Interviews were completed for all group programs in Berkeley, and we are grateful to Mrs. McFadden, the volunteers and the program directors for their cooperation and assistance.

RESEARCH FINDINGS

A. Parent Questionnaires

Child care services were defined as including "any care which your child receives from someone other than yourself for all or part of the day." We were therefore able to obtain a very complete picture of all the varieties of child care arrangements, including:

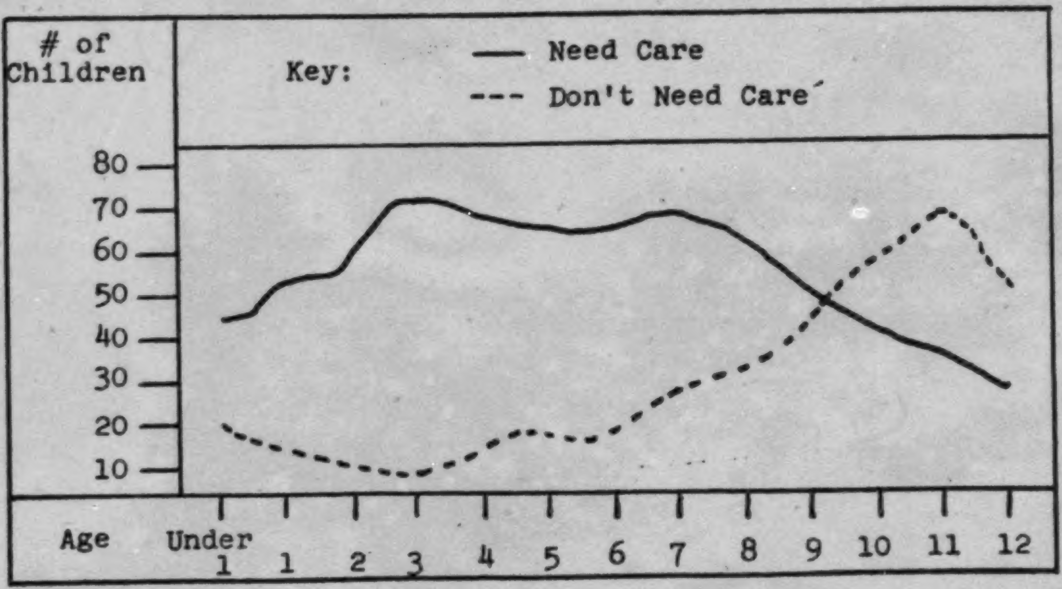
1) sitters (live-in, daily and occasional) in the child's home
2) unlicensed sitters in the sitter's home
3) licensed day care homes
4) part-time and full-time nursery schools
5) before and after school programs
6) grandparents
7) older children
8) friends
9) cooperative play groups
10) no care

Extent of need

The percentage of all Berkeley children between the ages of 3 months and 12 years whose parents stated that they "need, want, use or plan to use, child care" was 56% +/- 1.1% or 7,684 children.

Since our focus is on the need for child care services, there is little reference in this report to the 44% who stated that they did not need, want or use child care services. It must be pointed out, however, that care by parents is by far the most frequent form of child care--a form of care so desirable that one Planning Unit stressed the importance of paying mothers to stay home and care for their own children when they wish to do so but cannot for economic reasons. This recommendation was along the lines of providing a special Children's Allotment, or negative income tax rather than the present, humiliating Welfare payments.

A comparison between the "need" and "don't need" populations, in terms of their children's ages, is shown in the following Figure 2:



It would seem that, in general, the felt need is greatest among parents whose children are 9 years of age and younger. Parents with children 9 years of age and older appear to have a lower expectation in regard to child care services -- probably because no group services exist for this age group.

A further comparison between the "need and "don't need" populations, related to the family composition, is shown in the following Figure 3:

Figure 3 - Family composition of "need" and "don't need" populations

Family Composition	Proportion of "need" population	Proportion of "don't need" population
Family Intact	77%	88%
Single Parent	23%	12%

It will be seen that the vast majority (77%) of mothers who work, attend school or are otherwise in need of child care are married women, living with their husbands. This is consistent with the census finding that 84% of working women with minor children are married. It is also evident that the incidence of single parents who need child care is approximately twice the incidence of single parents who do not.

Figure 4 - Reasons for "needing, wanting or using" child care

REASON	WHITE* (57%)	BLACK* (30%)	TOTAL SAMPLE
Working	39%	51%	43%
In Training	2%	11%	4%
Attending School	16%	12%	17%
Ill health	1%	5%	2%
At home but want group experience for child	32%	12%	24%
Would work or attend school if adequate care were available	39%	39%	38%
Forced to quit because no adequate care was available	2%	13%	6%
Other (occasional free time for errands and other activities)	19%	4%	13%
Note: Percentages were internally computed for each column and columns add to more than 100% because respondents were free to check more than one item.			

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*Racial information was obtained by a comparison of the completed questionnaires with the coded lists. Other racial groups accounted for the remaining 13% of the sample.

Clearly, most parents need and want child care services because they are, or expect to be, working or attending school. This is true for all sections of the population. The findings, however, reveal several important racial differences, as follows: Significantly more black mothers checked "working" and "had to quit work" as reasons for needing child care services; on the other hand, white respondents checked "stay home but want group experience for my child" and "other" (including "a free hour for shopping, time for errands, adult appointments, pursuit of special interests and volunteer work") significantly more often. This suggests that black mothers see child care largely in terms of necessity, while white mothers have greater expectations of enrichment for their children and time off for themselves - reflective of their different economic situations.

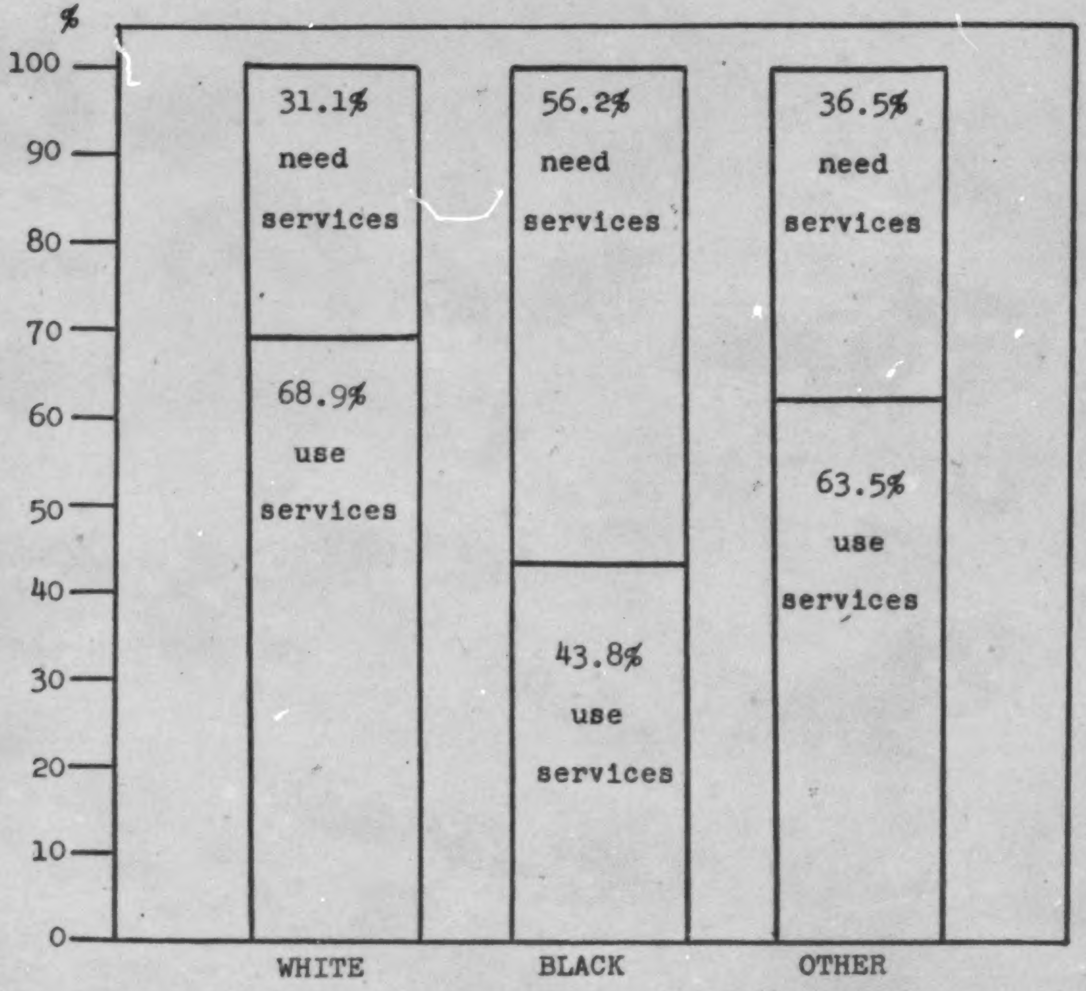
The differences in expectation between black and white mothers are confirmed by the following responses to the question: What would you like a child care program to provide?

Figure 5 - Rank order of responses indicating preferences for child care program content

WHITE	BLACK
Loving adults	Safe, clean place
Safe, clean place	Hot lunch
Other children	Other children
Place to run	Loving adults
Creative expression	Training
Enrichment	Instruction
Instruction	Creative expression
Hot lunch	Place to run
Training	Enrichment
Counselling	Education for parents
Education for parents	Counselling

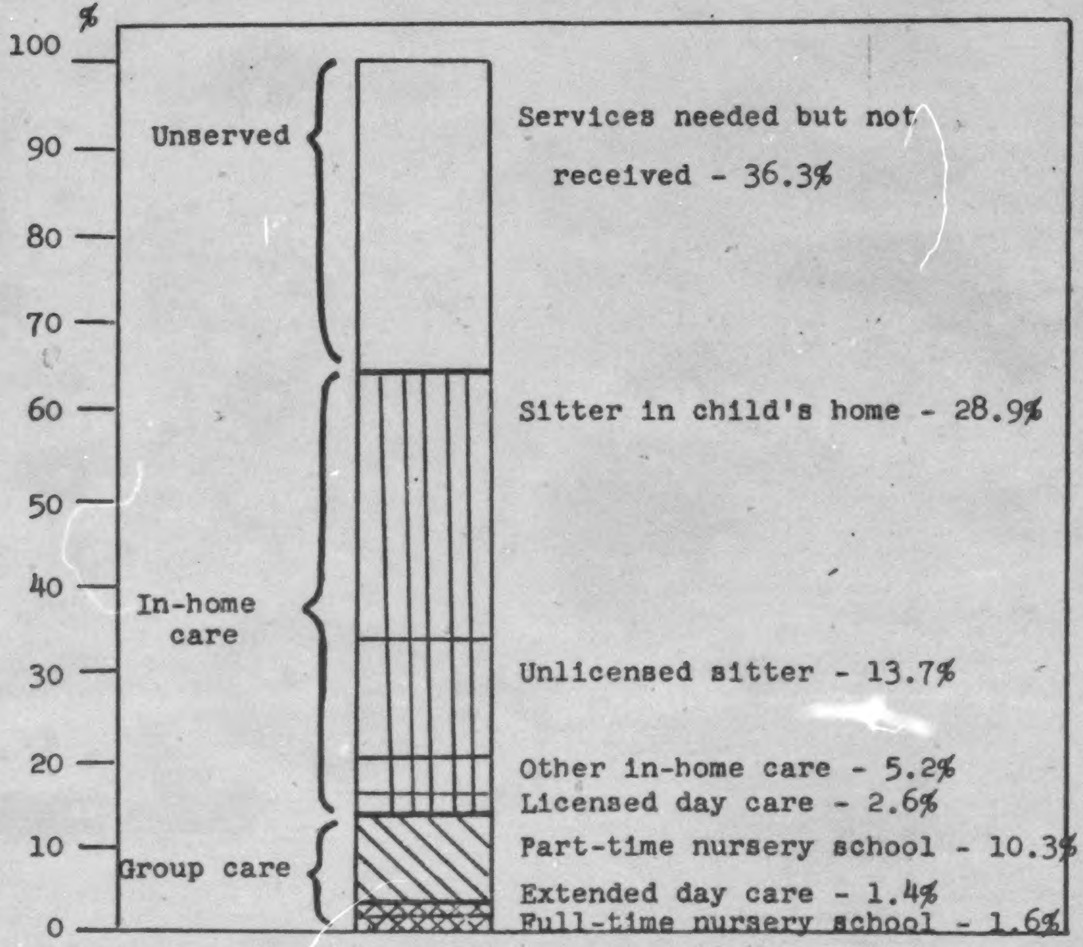
All parents want safety, loving adults and playmates for their children, but black mothers give greater priority to the essentials of care.

Figure 6 - Comparison of services received and services needed but not received.



It should be noted that the above chart is based entirely on the parents' own statement of unmet need, and we have seen that black parents tend to have a relatively low expectation of service except in terms of necessity. In light of this, our failure to serve even half of the black children who need child care services is particularly disheartening. This failure seems to be related to the preponderance of part-time programs (which do not provide adequate coverage for working mothers) and the relatively low usage of in-child's-home sitters by black families.

Figure 7 - Composite, for all sections of the population, of services received and services needed but not received



It will be seen that 36.3% of all children needing services are not now receiving the services they need. The vast majority of those who are receiving child care services of some sort utilize unlicensed, unregulated "in home" care. In particular, most children are cared for by "sitters" in their own homes, and while some parents reported that they were most fortunate in having found excellent sitters, approximately 47% stated that they were not fully satisfied. Reasons given included: "care is only custodial, it's too expensive, the child is too isolated, turnover is high," etc.

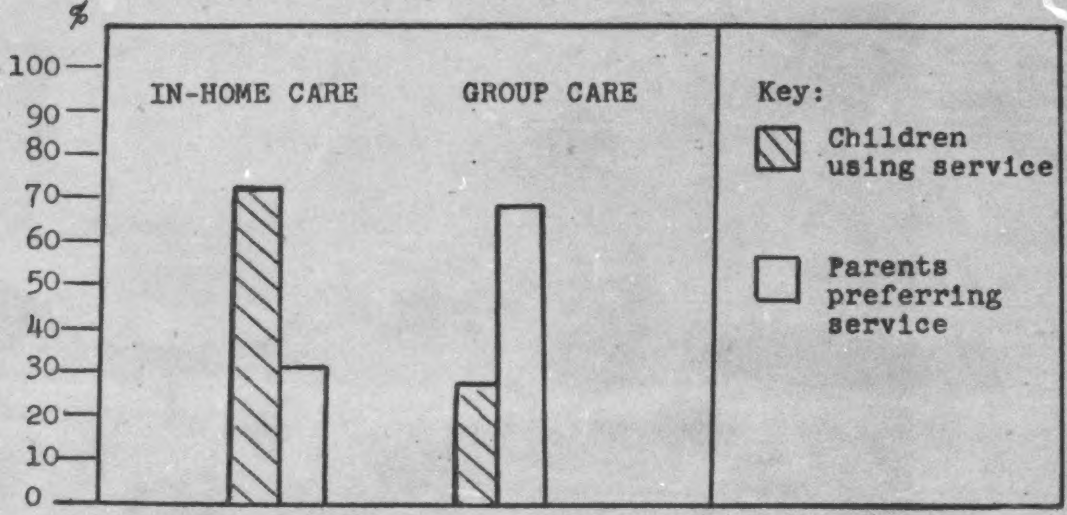
Because of the high incidence of care by sitters in the home, we interviewed the Department of Human Resources about the available applicants for "sitter" jobs and learned that there were approximately 12 such applications on file, that the Department considered only two of these stable enough to be entrusted with the care of children, and that these two were only interested in doing this work on an interim basis "until something better came along". Clearly, we cannot expect "sitters" to provide the ultimate solution to the child care problem, at least until there are some very significant changes in the status of this type of employment.

The greater proportionate use of unlicensed sitters in comparison with licensed family care should also be noted at this time. This will be discussed fully in the section on Licensed Day Care.

The role of group programs in providing needed child care services is dramatically apparent from Figure 7. Altogether, parents reported that only 13% of their children were enrolled in group programs, public and private. And, of these, more than 10% are in part-time nursery schools which do not provide adequate coverage for children while parents are working or in school full time. Group programs providing full coverage care reportedly serve only 3% of the children who are in need of child care services.

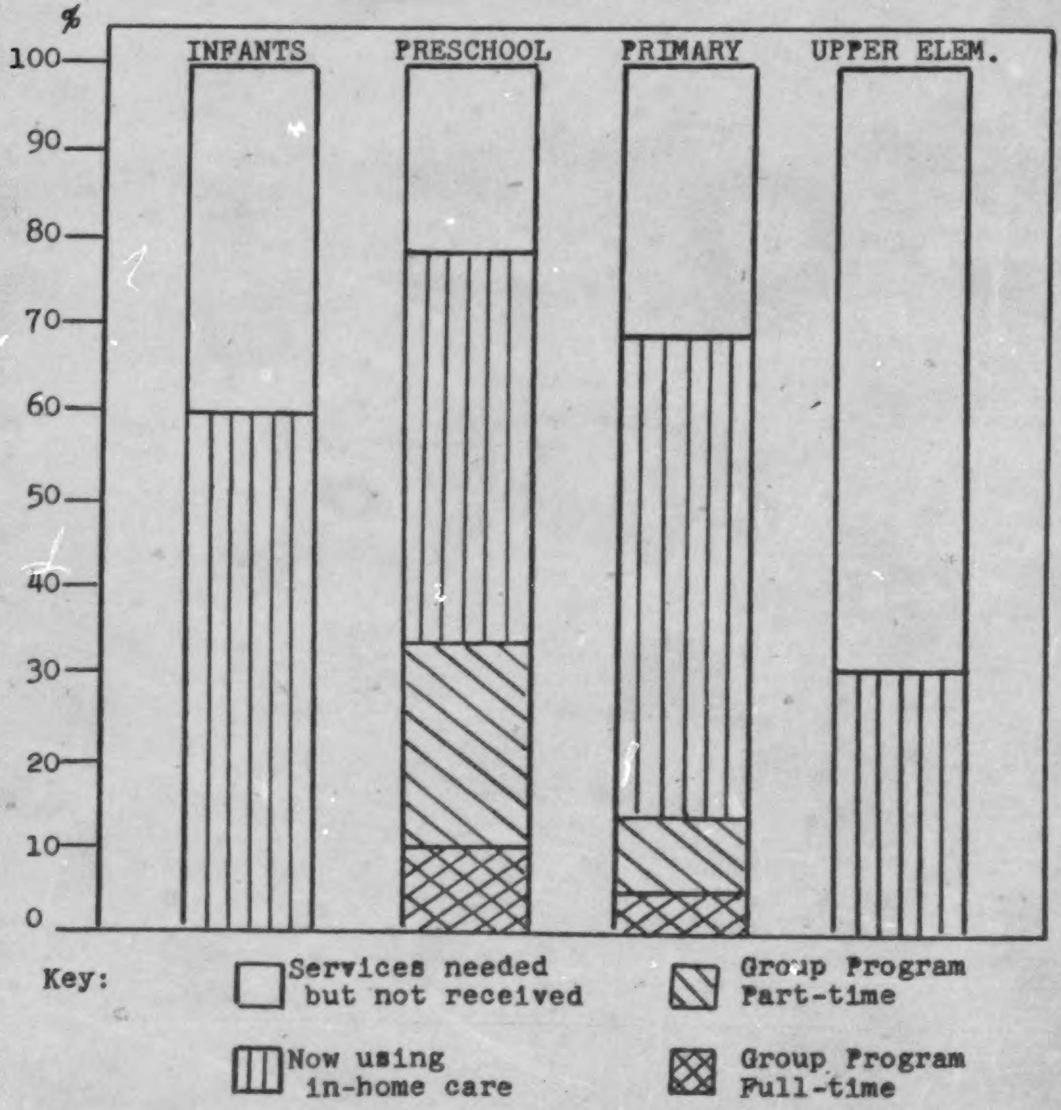
The relative use of "in-home" care and "group care" is also in marked contrast with the preferences of parents as shown in the following chart:

Figure 8 - Comparison of services used and services preferred



One more comparison needs to be made in terms of the relative need of each of the age groups. This is shown, on a percentage basis, in the following Figure 9:

Figure 9 - Percentage of those served compared with those not served, by age groups (based on responses of parents indicating they "need, want or use services)



While all age groups have significant unmet needs, the proportion of unserved children is greatest among infants and upper elementary age children.

The following chart shows the numbers of children in each age group who need, but are not now receiving, services on a full-time, part-time, and occasional basis. (It must be remembered that numbers are derived by projecting from the sample to the total "known" population, and that the true totals for the whole population are undoubtedly larger).

Figure 10 - Number of children needing full coverage or part-time care, by age groups

Age Group	Full-time	Extended Day Care	Part-time	Occasional*	Total
Infants (3 mos. to 2½ yrs.)	201		212	201	614
Pre-school (2½ to 5 yrs.)	382		148	63	593
Primary (5 to 9 yrs.)	53	413		168	634
Upper Elementary (9 to 12 yrs.)		276		127	403
TOTALS	636	689	360	559	2244

*"Occasional" includes need for summer and holiday care.

Full-time and extended day care for school age children together comprise "full coverage care"; that is, those programs needed by working mothers and others occupied outside the home on a full-time basis. From Figure 10 we can see that 1,325, or 59% of all children needing service, require full-coverage care (69% of all children, excluding infants).

Additional findings from the parent questionnaire will be interspersed throughout the report. The material covered so far, however, clearly establishes the following key facts:

1. There is a tremendous need for additional child care services in the city of Berkeley (36% of our children need services they are not now receiving).

2. The need is greatest for black families (the unmet need for black children is 56% compared to an unmet need of 31% for white children).

3. There is great need for group care, and, in particular, for "Full coverage" group care, in marked contrast to the present situation.

4. Infants and Upper Elementary children are the least adequately served.

B. Findings from Study of Resources

1. Licensed Day Care Operators

These findings are fully reported in the section on Licensed Day Care (pp. 43-58).

2. Group Care Programs*

a. Infant Care - At present, the only programs which serve infants in a group setting are:

A very small program at St. Mark's Church, serving pregnant high school girls and their infants during the school day (only 3 infants were enrolled at the time of the study), and

The ASUC Short-Time Child Care Center which serves infants and young children of U.C. students on a drop-in basis while their parents are in class or in the library.

A new program is being planned for the fall of 1970, which will serve 10 to 15 infants and toddlers of high school students, while their mothers are completing their education. This program has Vocation Education funds and is affiliated with Berkeley High School.

It will be noted that all three of these programs serve the infants of students only. There are no group care programs to serve the infants of other than student mothers in the city of Berkeley.

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*A full directory of services is appended.

b. Nursery Schools - Most of the existing group programs, both public and private, serve nursery school age children. These programs may be divided into full-time and part-time programs.

Full-time programs are generally open for 11 hours a day every week day throughout the year, and are therefore able to provide full coverage for the children of working mothers, full-time students and others who need care for their children on a full-time basis.

Full-time Nursery Schools

At the present time, the following nursery schools provide full-time care for children ages 2-5:

Three Children's Centers (West Berkeley, King, and Whittier), operated by the Department of Early Childhood Education of the Berkeley Unified School District and funded by the District and the State of California Children's Center fund. Together, these programs serve 143 children, on a sliding fee basis (with fees ranging from 3¢ to 75¢ per hour).

The Education Code establishes eligibility for Children's Centers on the basis of parent income; for example, the limit for two parents with one child is $648.00. Income limits are proportionately lower for single parents, and a mother with one child, earning $519.00 gross per month would pay 75¢ per hour ...or $30.00 for a 40 hour week. Except for teachers and nurses, persons earning more than the limits established by the Code are excluded from participation in Children's Centers. Berkeley residence is required, and preference is given to single parents.

There are approximately 150-200 children on the waiting list.

The Rose Street Community Center, recently established and federally funded on a 3:1 matching basis, is operated by a parent-community board and serves 23 low income children on a sliding fee basis (fees range from $5-$30 per month). The program has been in operation for only a few months and there are 15 on the waiting list.

Hester's Child Care Center, a proprietary program which is open to anyone for a fee of $85.00 per month, serves 22 children full-time and 10 children on a drop-in basis. It has a waiting list of 7.

The Claremont Day Nurseries, a proprietary program with two centers in Berkeley, is open to anyone, and serves an estimated 60-65 Berkeley children in the two centers. While there are no vacancies at present, the Director stated that the program is not always full and suggests that a subsidy might be developed so that parents could afford to use private facilities of this type.

Figure 11 - Present enrollment figures compared with enrollment figures listed in the Council of School Planning Report on child care in 1965 (full-time programs)

Present 11-hour Programs	Present Enrollment	1965 11-hour Programs	1965 Enrollment
Children's Centers: Whittier King West Berkeley	143	Child Care Centers: Edison Garfield Whittier	125
Rose Street Community Center	23	------	
-----		Berkeley Day Nursery*	56
Hester's	22	-----	
Claremont Day Nurseries: College Ave. Solano	63	Claremont Day Nurseries: College Ave. Solano	64
TOTALS	251		245

NET GAIN IN FIVE YEARS =+ 6 CHILDREN

*This United Crusade funded agency dissolved its organization and deeded its facility to the BUSD which now operates the West Berkeley Children's Center in this location.

Head Start

The Economic Opportunity Organization, Berkeley Area (EOO-BA) currently operates two Head Start Programs, serving 32 children. Children may be enrolled on either a part-time or full-time basis (from 8:30 or 9:00 A.M. to 5:30 p.m., approximately 8½ to 9 hours).

In 1965, Head Start was a part-time program, operating only during the summer and serving 160 children. The 1965 Head Start enrollment figures are included in the part-time nursery school totals quoted on p. 25.

Part-time Nursery Schools

Part-time nursery schools offer programs for two-and-a-half to three hours and 15 minutes per day. Children are generally enrolled for two, three or five days per week. Ages range from 2 or 3 to 5 or 6, and most of the children enrolled are 3 and 4 year olds.

Fees range from 50¢ to $70.00 per month. The public programs charge $21.50 per semester, and the private programs average about $30.00 to $35.00 per month. With the exception of five programs (three of them proprietary), all of the programs involve parent participation; that is, parents serve as "free" staff members, under the supervision of the director or teacher, generally for one session per week.

In general, these programs provide enrichment and a valuable pre-school educational experience, but they do not cover enough hours to enable a mother to work or participate in a training program, unless she has additional child care.

Figure 12 - Number of children being served by the various types of part-time nursery school programs at the time of the 1970 study

Program	Enrollment
Fifteen-hour-a-week Programs	
Public: 18 Parent Nursery Schools operated by Department of Early Childhood Education, BUSD	440
Harold E. Jones Nursery School	52
Private Non-Profit Nursery Schools	360
Proprietary	5
TOTAL	857
Six-to-nine hours a week	
No public programs	--
Private non-profit	305
Proprietary	189
TOTAL	494
Drop-In Programs	
ASUC Short Time Center (new in 1969)	125
Proprietary	10
TOTAL	135
TOTAL FOR ALL PART-TIME NURSERY SCHOOLS	1,486

No direct comparisons can be made with the enrollment figures from 1965 since they were not grouped in this manner. However, the total served at that time was 1,122 children in part-time nursery school programs, including some programs which were open for only one brief session per week and others which had summer programs only.

The net gain in part-time nursery school programs is approximately 364 children for the five-year period. The public schools part-time nursery school program increased from 330 children to the present 440 children served. Part of this gain was made possible by the passage of AB 1331 in 1965. This bill provided for the allocation of funds for pre-school education to quality programs serving "low income and disadvantaged children". In addition to increasing funds and thus making it possible to serve more children, the passage of this bill contributed positively to the integration of socio-economic groups within pre-school programs. The very high standards of the public schools and one private non-profit nursery school enabled them to qualify for AB 1331 funds.

c. Extended Day Care (group care for children in kindergarten through the third grade.)

While a few of the nursery schools described earlier enroll children in this age group, the only program designed specifically to provide before and after school care of primary age children is the Extended Day Care program, operated by the Berkeley Unified School District.

This program includes four centers: Jefferson, Koinonia West, LeConte and Whittier. All of the centers are open from 7:00 A.M. to 6:00 P.M., and they all operate on a 240-day-a-year basis. This means that they provide full coverage throughout the year and are therefore providing the type of child care service which makes it possible to meet the needs of working mothers and others engaged outside the home on a full-time basis.

These programs are funded out of State Children's Center funds and are therefore restricted to low-income families in the same manner as the Children's Centers for nursery school age children. Fees are charged on a sliding scale dependent upon the families' earnings and range from 4¢ to 75¢ per hour.

Together, the four extended day care centers serve 142 children, and there is a waiting list of over 300.

d. Group care for upper elementary age children (grades 4 through 6): There are NO supervised group child care programs for this age group in Berkeley.

PHASE II - PLANNING

OBJECTIVES

To develop a plan which accurately reflects the multiple aspirations of the community for comprehensive, accessible, and high quality child care services.

To establish a basis for on-going inter-agency and inter-group communication, cooperation and coordination, and

To explore the possibility of developing a permanent child care board for over-all administration and funding of the comprehensive program.

The primary consideration in collecting data was to lay a sound basis for community-wide planning for child care services. The Committee on Child Care felt that maximum involvement of all sections of the community - both the users and the providers of child care services - was essential. There was the further objective of guaranteeing that the plan would be all-inclusive with regard to age (birth to 12 years), economic groupings and the types of services to be planned. Accordingly, the decision was made to form community task forces, or Planning Units, one for each of four age groupings, as follows:

Planning Unit I	Infants (Birth to 2½ years of age)
Planning Unit II	Pre-schoolers (2½ to 5 years of age)
Planning Unit III	Primary (Kindergarten through 3rd grade)
Planning Unit IV	Upper Elementary (4th through 6th grades)

Each unit was to have a Chairman, a Recorder, and a consultant from the Committee on Child Care. In addition, the Planning Units were to be comprised of parents, representatives of governmental units, agencies involved in the provision of child care, community and service organizations, and other groups and individuals.

A number of methods were utilized to stimulate the breadth of interest in the Planning Units which was deemed essential. First, a list was compiled of all governmental bodies, agencies, community organizations, colleges, PTA's, churches, national groups and others who might have some relation to child care. Everyone on this list was sent a

Newsletter which gave a brief history of the project, described the Planning Units, and invited an expression of interest. A return postcard was enclosed so that recipients could indicate if they wished to serve on the Planning Units or were otherwise interested in maintaining contact with the project. Extensive visiting was undertaken to inform key members of the community of the nature of the work which was in process and to invite participation.

In addition, every parent who received a questionnaire as part of the study was asked if he or she would be interested in being involved in the further planning.

An impressive one-third indicated that they would like to participate at the time they were interviewed. As the lists of potential participants grew, we planned a Saturday morning Workshop, with speakers and a film presentation, to launch the Planning Units. Invitations went to over 600 persons - to all who had expressed interest and to others who were considered especially important to the project. Press stories were issued inviting the general public to attend. More than 175 people - parents, community representatives and professionals - attended the Workshop. About half of the Workshop participants agreed to serve on the Planning Units, and the final composition of the Planning Units is appended.

After the Planning Units were formed, a weekly schedule of meetings was established, and the Planning Units were charged* with the following responsibilities:

"A. To define the unmet needs for child care of each age group and identify the populations to be served (based on a thorough study and evaluation of the appropriate study data).

"B. To rank the needs in terms of their urgency.

"C. To explore general ways of meeting these needs through:

1. The expansion and improvement of existing services and resources (including licensed family day care, nursery schools, child care centers, extended day care centers, etc.).

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*The Charge to the Planning Units was developed by a subcommittee of the Committee on Child Care and approved by the entire committee.

2. The development of innovative new programs (including consideration of programs for sick children, for infants and very young children, for families with children of many ages, for summer care for school age children, for drop-in programs, etc., if the data shows needs in these areas), and

3. Coordination of existing and proposed child care services.

"D. To develop specific proposals in relation to:

1. Types of services needed (including a consideration of educational content).

2. Populations to be served.

3. Location and facilities.

4. Manpower usage.

5. Administration for individual programs, city-wide administration and coordination of child care projects.

6. Proposed sources of funding.

"E. The Planning Unit Chairmen will meet together and will have joint responsibility for assuring coordination and continuity in thinking and planning, so that a composite, comprehensive plan emerges.

The Planner will meet with all Planning Units and with the Chairman, both individually, and as a group, and will provide inter-unit communication as well as relevant study data. She will be responsible for writing the final report and for submission of this report to the Planning Unit members and the Committee on Child Care."

Planning Unit members met together weekly for a period of six weeks. During that time they were furnished with data from the study and other pertinent reports. All of the material was evaluated, interpreted and filtered through the experience and knowledge of each of the Planning Unit members. Differences of interpretation were discussed until common areas were agreed upon. Out of this continuous dialogue, interchange, study and analysis - out of the many hours that Planning Unit members contributed in groups and individually - emerged a series of recommendations to meet the needs. These recommendations comprise the basis of the report which follows.

Special mention must be made of the exceptional participation, dedication and community spirit of the Planning Unit members.

PHASE III

IMPLEMENTATION

Throughout the project, we were privileged to follow the findings and conclusions wherever they led - we were not wedded to any particular agency or program, but to all programs which might benefit the community. We were free to develop the best plan that we could to meet the needs of all. As a result, our final plan is comprised of a series of recommendations which builds on the best that we already have - a plan which provides for expansion of the existing resources, for new and innovative programs to fill the documented gaps, and for effective coordination of the whole.

Now it is imperative for the people of Berkeley to work together to implement the plan.

SECTION II

PROPOSALS

COORDINATION

PROPOSALS ON 4-C'S AND THE COMMUNITY CHILD CARE OFFICE

Individual differences in the needs of children and families require a wide variety of different services to meet these needs: public and private programs; part day and all day nursery schools; after school programs for school age children; family day care; care for sick children, etc. While such diversity is highly desirable, it creates problems of communication, duplication, inefficiency and competition for funds.

To deal with these problems, and to enhance our ability to deliver needed child care, there has been a strong move toward the coordination of child care services in communities throughout the country. This move has been given impetus by the formation of National and Regional Community Coordinated Child Care (4-C) programs.

Description of a 4-C Program

To quote from the 4-C Manual, published by the U.S. Department of Health, Education and Welfare, in 1969:

> "The 4-C Program is a coordinated mechanism whereby all interested public, private and commercial agencies may cooperate with one another in the interest of:
>
> 1. Improving the quality of services offered by each of the participating agencies.
>
> 2. Assuring continuity in the community's child care program for each family.
>
> 3. Reaching the maximum number of families possible, with top priority given to low-income families, within available resources.
>
> 4. Increasing opportunities for developing staff competence.

5. Developing the most efficient, effective and economical methods for delivering services to children and families.

6. Insuring an effective voice in policy and program direction for parents of children receiving child care.

7. Mobilizing the resources of the community in such a manner as to assure maximum public, private, agency and individual commitment to provide expanded quality child care. (The 4-C Program is primarily concerned with the coordination of day care and pre-school programs. However, as the Program develops, it may become concerned with the availability of other needed services for children in pre-school or day care programs (and eventually, school-age children) and the coordination of these community services with pre-school or day care programs).

8. Providing opportunities for career development within and between cooperating agencies.

Kinds of Coordination

"There are many ways in which coordination may be carried out in the various components of child care programs: The following are obvious categories of coordination:

"A. Agreements concerning the extent to which services are available. The agreements, are intended to ensure that the community has conscientiously examined its pattern of day care and preschool services to:

1. Determine whether the children in greatest economic need are the ones being served;
2. Identify areas in which more efficient use would be made of existing resources (or where serious gaps in service exist).
3. Identify groups of children (e.g., handicapped) who are not receiving services.

In making such an examination there should be a real concern with problems of overlap and duplication which might well include a jointly-sponsored survey of child care resources and needs. On the other hand, as agreement for coordinated efforts is reached, there should be equal concern with giving the individual a choice of services, and with permitting considerable flexibility in the kinds of programs operating in a particular area.

B. Coordination of Program Matters*

Program coordination may involve such elements as:

1. Joint activities on an ad hoc basis for children and parents (e.g., field trips, special events, parent forums, etc.).

2. Arranging for one agency to supply a specific service to other agencies (e.g., a Head Start center providing group educational activities for pre-school children in family day care homes).

3. Development of referral systems which will facilitate the transfer of a child from one program to another (i.e., when the family moves into a different neighborhood, when a parent finishes a work training program and enters employment, or when it is determined that another program can better meet the child's needs).

4. Subcontracting by one agency to another to provide a total program for those children who cannot effectively participate in the contracting agency's program. (For example, using a program with special facilities for a handicapped child).

C. Agreements on Administrative Coordination

Administrative coordination may involve such elements as:

1. Loan of staff, supplies, and equipment for special projects or events on a case-by-case basis.

2. Initiation of case reference committees to discuss the adjustment of children whose families are served by more than one agency.

3. Establishing central depositories to lend equipment, books, etc., to all facilities to help special

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*Coordination is required in any two of the general areas covered in items B. through D.

projects, training of staff, parent education, and other similar activities.

4. Establishing common procedures for evaluation and reporting, so that data for the entire community can be easily compared.

D. Agreements on Staff Development

Staff development coordination may involve such elements as:

1. Providing an opportunity for new or smaller agencies to assign their staff to work temporarily in an established or larger agency for training purposes.

2. Establishing personnel referral systems which will permit staff from one program to be considered for more responsible positions in another agency's program.

3. Arrangements for joint staff training programs and for personnel to observe one another's programs.

4-C Organizational Arrangements

"Communities will need to develop an organizational arrangement for carrying on a 4-C Program. This requires both a Policy Committee and an administrative structure...

"The Policy Committee will act as the governing body of the local 4-C Program and should be composed of:

1. Representatives of public and private agencies participating in the local 4-C Program either as providers of service or groups otherwise having an interest in the development of services for children and families.

2. Representative parents selected by parents whose children participate in service programs (the parents must constitute at least one-third of the Policy Board).

3. Representatives of other State and local agencies whose responsibilities affect the development of children's programs...

> "The Policy Committee should (a) develop by-laws concerning its operation, (b) establish necessary sub-committees, (c) authorize necessary studies, and (d) approve all coordinative agreements which are to be a part of the 4-C Program. In addition, if a separate 4-C agency is created, the Policy Committee will be the governing body of that agency."*

While the federally-developed objectives and proposed composition of the 4-C's Policy Board were consistent with our goals, a number of questions had to be examined before determining whether this was the best means of accomplishing coordination within our community.

First, what, if anything, would agencies need to relinquish?

Second, what specific gains - financial or in terms of program goals - could this particular structure provide more effectively than any possible alternative structure?

Third, would the anticipated gains warrant the necessary expenditure of time and effort by participating agencies and individuals?

And finally, if a 4-C's Committee should be developed in Berkeley, should an existing agency take on the administrative functions, or should a new agency be developed for this purpose?

The following discussion will lay a basis for answering these questions:

As regards agency autonomy, it should be stressed that 4-C is not a "program", but a method of organization and coordination. The participating organizations are fully responsible for the development of a local approach which best serves their needs. And participation in the 4-C's Policy Committee of all vitally concerned agencies and groups (including a high proportion of parents) is the surest means of guaranteeing that each group's interests will be protected.

With regard to funding and financial advantage, we note that one of the objectives of the 4-C approach is the development of joint funding, described as a "process in which funds received from several Federal agencies are treated as a single grant".* All agencies receiving federal and/or state money remain directly responsible to their funding agency for the management of those funds, but 4-C's makes it possible to gain the advantages of "mixing" funds from several funding sources. Thus, the school district currently mixes Children's Centers funds with AB 1331 funds, and Parent Participation Nursery School funds with AB 1331 funds. The result is that programs are defined by service rather than funding source. A 4-C organization would make it possible to do this same type of "mixing" across agency lines and thus to best utilize federal dollars in accordance with the plan developed by all of the participating agencies and groups.

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*From the "Interim Policy Guide for the 4-C Program," U.S. Department of Health, Education, and Welfare, Office of Child Development, 1969.

In the case of new funds, a 4-C Policy Committee can be conceived of as a "hopper" into which additional funds will flow. While there are as yet no funds specifically earmarked for implementation of programs in 4-C communities, "the 4-C program does provide the opportunity to reap the many benefits (including financial) of coordination within the community. The Federal Government, because of its interest in and sponsorship of the 4-C program, will extend certain priorities and benefits to communities operating local 4-C Programs."* Further, local agencies, seeking funds together and on the basis of community-wide planning, would appear to be in a position to present a much stronger case for available funds.

In a sense, Berkeley has already experienced a coordinated effort - we are ahead of other communities in that we have a joint city-school Committee on Child Care, and we have involved numerous agencies and individuals in the present planning effort. Both the city and the school district have supported this effort, and a high degree of concensus has emerged from the Planning Units involving agency representatives, parents, licensed day care operators, and child care professionals. Berkeley does seem to have a commitment to community child care which is capable of rising above purely vested interests - and this is the essential ingredient for successful community-wide coordination.

Couldn't we continue in the same way, with the Committee on Child Care serving as the coordinating mechanism? The answer seems to be no, for two important reasons: First, the Committee on Child Care is set up as an advisory body, with no real authority; and second, the Committee on Child Care is not incorporated and therefore cannot handle funds directly. With regard to the first point, the need for an authoritative body has become progressively more apparent - while many groups are deeply concerned with child care, no one agency has this as its primary concern. The schools are carrying the major responsibility in this area, yet they see the classroom education of children from kindergarten through grade 12 as their primary responsibility, with child care and pre-school education a relatively minor adjunct. The city has begun to acknowledge its role in child care, but again, this is a very small area of the total responsibility and concern of city government. Model Cities and EOO-BA are both deeply interested in child care, but their interests also encompass jobs, housing and numerous other issues. Only a few small private programs are totally concerned with child care, and none of them is influential enough to provide the impetus for the development of comprehensive child care services. This can be accomplished only when the key governmental bodies and social agencies participate in an organization which is totally devoted to the coordination and further development of child care services.

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*All quotes taken from federal publications on 4-C's Program.

This is the real meaning of the 4-C's program. It provides the mechanism for developing the kind of collective advocacy that is essential if child care is ever to have the recognition and status needed to achieve a secure financial base for the provision of comprehensive services.

To answer the questions raised in the beginning of this discussion, we may say that: Yes, agencies will need to relinquish some aspects of their competitive seeking for funds - but, in return, they may hope to realize more funds; and, through active participation in the 4-C's Policy Committee, they can guarantee an overall approach which safeguards their autonomy. 4-C's can become a powerful and much-needed advocate for child care in Berkeley. In addition, all agencies, public and private, can enhance their delivery of child care services through the development of mutual support, communication, and coordination. Coordination is essential - and the 4-C's Program represents the best prototype that has yet been developed.

The final question had to do with the desirability of 4-C's functioning through an existing agency or establishing a new agency specifically for this purpose. As indicated earlier, all of the most likely agencies have other major concerns and there is great danger that the special focus on child care will be lost if this function is subsumed under an existing agency. In an analysis of the Washington, D.C. program, it was stated that "The 4-C Staff, to be effective in its working relationships with many and varied agencies, must not and cannot be identified solely with any single agency."* It is therefore proposed that a new agency - The Community Child Care Office - be formed. Such an office has already been partially developed and is currently in existence as part of the Department of Early Childhood Education under the BUSD.

Having the office of Community Child Care function autonomously would greatly increase its effectiveness for the following reasons:

1. It would provide a community referral service with equal access to all of the community resources, public and private.
2. The position of Program Developer could be added for the specific purpose of implementing this report and assisting in on-going evaluation as a basis for further planning and program development.
3. The office of Community Child Care, like the 4-C's Policy Committee, would serve as an advocate for child care, without special commitment to any agency or program.

RECOMMENDATIONS

A. 4-C's Policy Committee

It is recommended that representatives from the following agencies and groups be convened by the Committee on Child Care, with the assistance of the City of Berkeley and the Berkeley Unified School District, for the purpose of exploring the possibility of forming a 4-C's Policy Committee:

1. Fifty percent parent representatives
2. All private nursery schools and child care programs (See appended Directory)

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*Article by Ken Johnson, Coordinator of the Washington, D.C. 4-C Program, in Community News Notes.

3. The B.U.S.D. Department of Early Childhood Education
4. The B.U.S.D. Administrative staff
5. The B.U.S.D. Board of Education
6. The Berkeley City Council, relevant city committees and commissions
7. The City of Berkeley Administrative staff
8. The City of Berkeley Department of Social Planning
9. Department of Parks and Recreation
10. The City Health Department and West Berkeley Neighborhood Health Center
11. Family Day Care operators
12. Model Cities Board
13. Model Cities staff
14. EOO-BA Board
15. EOO-BA staff
16. Alameda County Welfare Department Day Care Coordinator
17. Alameda County Welfare Department Licensing Division
18. ASUC Child Care Project
19. U.C. Committee on Child Care
20. U.C. Administrative staff
21. State Department of Social Welfare - Day Care Consultant and Licensing Worker
22. Bay Area Council of Social Planning
23. Industry
24. BUSD Adult Education
25. Committee on Child Care (two representatives in addition to any who may fall into other categories above)

This list constitutes a recommendation to the convenor group but is not intended to be exhaustive. The 4-C's Committee itself would ultimately decide what additional groups might be invited to participate. In addition, it is intended that every new program that is developed in Berkeley be invited to send both staff and parent representatives.

A word must also be said about the inclusion of 50% parents. The 4-C's Manual states that 'the need to keep decision-making as close to program participants as possible must not be lost in an enthusiasm for coordination." Planning Unit members felt that this could only be accomplished by a 50-50 division of parent and agency representation. It was further felt that, insofar as possible, parents should come as elected representatives of parent groups in each of the child care programs. The need to elect such representatives might even act as a spur to the formation of parent groups.

While all of the Planning Units favored the formation of a 4-C's Policy Committee, this decision is, of course, the prerogative of the participating groups.

The work which has already been accomplished by the Committee on Child Care and its advisory role in relation to the City and schools makes it the ideal convenor group. It is anticipated that the Committee, in addition to being represented on the 4-C's Policy Committee, will function in an advisory relationship to it - at least until the Committee determines that its functions have been taken over by the 4-C's Policy Committee.

Specific sub-committees of the 4-C's Policy Committee might be formed to immediately address themselves to the implementation of those sections of this report which the 4-C's Committee shall wish to adopt; e.g., one sub-committee might be formed to develop detailed plans for the implementation of the Training Proposal, another relating to the Homemaker Service for Sick Children, etc.

In addition to the coordinating and other functions specifically outlined in the 4-C's Manual, it is hoped that the 4-C Policy Committee will develop methods of on-going evaluation as a basis for subsequent planning. These should include both "in-house" evaluations of the type normally undertaken, and outside evaluations based on criteria established by the parent representatives. Since each agency generally controls its internal evaluation and information systems, this separate commitment to parents would provide a needed balance.

B. Office of Community Child Care

As soon as the 4-C's Policy Committee has become incorporated, it is recommended that the Office of Community Child Care become its administrative agency. This Office would then provide staff for the 4-C's Policy Committee, a community referral service, and a staff for implementation and continuous planning and development.

In order to fulfill these responsibilities, the Office of Community Child Care should be comprised of at least two professional persons, and clerical support as needed. One of the professionals would be primarily responsible for the central referral service and the other would relate primarily to program development, as follows:

1. Referral:

The referral service shall consist of a casework approach to the needs of the total family in relation to child care services. A complete roster of child care and child-related services shall be maintained. (Such a roster would have current information on public and private child care services - both group and family care. It should also include information on health and other related services. In addition, it might be possible to maintain a listing of sitters who have had training, of professionals and aides seeking employment, of volunteers interested in working with young children, and other pertinent information.)

Persons inquiring about any form of child care shall be personally interviewed and helped to secure the services which best meet their needs. Use of the referral service shall be on a voluntary basis - anyone who wishes to do so can go directly to any child care program. Properly delivered, the referral service can greatly strengthen families in the process of making referral for child care services. In addition, it will provide a source of support until needed services are secured and will greatly aid in the transition from one type of care to another as family needs change.

At present, hundreds of people are "dangling" on waiting lists and hundreds of others are searching endlessly for non-existent openings. While a central referral service cannot solve the problems unless services are also increased, it does mean that families will have one place to call and receive realistic information about available alternatives. The present situation of vacancies in some Licensed Day Care homes and waiting lists in others need not continue.

A workable link between this referral service and the switchboard dealing with the care of sick children (discussed later in this report), will need to be developed. It is suggested that an automatic telephone switchover between the two services be instituted as a means of providing maximum coverage for each.

2. Program Development:

The Program Developer will have primary responsibility for:

a) Facilitating the process of coordination which is the heart of the 4-C-s approach.

b) Assisting in the implementation of proposed programs, such as:

The Training Proposal

The development of the Homemaker Service for Sick Children

The organization of family day care operators

Recruitment of licensed day care homes

c) Seeking out funding sources (including foundation grants, contributions from business and industry, state and federal grants) and preparing proposals for submission

d) Maintaining up-to-date information about child care programs as a basis for subsequent planning. While every effort has been made to develop a long-range plan at this time, effective planning is a continuing process, based on a valid assessment of new and changing programs.

It is recommended that both of the posts be immediately filled, possibly on a three-quarter time basis in order to fall within the available funding. Until the 4-C's Board is formed and incorporated, the referral staff person could remain within the Department of Early Childhood Education. Ultimately, however, it is hoped that the Office of Community Child Care will be directly administered by the 4-C's Policy Committee and will thus truly fulfill the function of a Community Child Care office. It is also hoped that agencies participating in the 4-C's will make additional staff time available to assist with the many duties outlined above. Further, it is anticipated that both the referral and program development positions might need to be expanded.

The possibility that a consultant firm could take on the Program Development function needs to be thoroughly investigated - this would eliminate the problem of housing and other administrative costs and bring to bear maximum expertise. It should also be noted that federal funds under Title IV A have recently been earmarked for 4-C development on a 3:1 matching basis.

SERVICES

LICENSED DAY CARE HOMES

I. Definition

Licensed day care is the provision of child care in a private home by a "day care mother" who has been licensed by the county Welfare Department. The latest revision of Title 22 of the State of California Administrative Code identifies two categories of licensed homes:

A. A Family Day Care Home is defined as a family home which provides day care for (a) no more than six children, ages 3 through fourteen, including the family day care mother's own children, or (b) no more than five children, infancy through six years, including the day care mother's own children.

At no time can there be more than two infants under age two in the home.

B. A Special Day Care Home provides day care for seven to ten children, ages three through fourteen, including the day care mother's own children. In Special Day Care Homes, an additional adult is required in order to maintain a ratio of no more than six children to one adult (no more than five children to one adult if there are one or more pre-school children in the home).

II. Licensing Requirements

In order to be licensed as a Day Care Home in Berkeley, a prospective licensed day care operator must first apply to Alameda County Welfare Department and then to the City of Berkeley.

The following studies, inspections and fees will be required:

A. A home study by the Alameda County Welfare Department to assure that both the family and the home meet the standards established by the State Department of Social Welfare.

Licensing requirements for the family include:

1. Evidence by all family and household members over 21, through x-rays or skin tests, that they are free of tuberculosis.

2. A fingerprint check of the day care mother and father in order to eliminate those persons who have been convicted of sexual offenses, crimes of violence, or other serious offenses.

3. Evidence that the day care parents have had a physical examination during the preceding year and that they are in good physical and mental health.

4. Three character references from persons other than relatives.

5. The home site must provide space and equipment for free play, rest, privacy, and a range of indoor and outdoor activities. Specifically, licensing requirements for the home include:

a) Floors and walls which can be fully cleaned and maintained, and are non-hazardous to the children's clothes and health.

b) A separate room for toilet facilities.

c) A separate area for cooking.

d) Ventilation and temperature adequate for each child's safety and comfort.

e) Individual cots or beds for rest periods.

f) Space for the isolation of the child who becomes ill.

g) Adequate protection from life and health hazards (i.e., worn electrical equipment, stairs, etc.).

h) An enclosed yard which provides adequate play space.

i) Provision for meeting the special needs of handicapped children, if any, in the family day care home.

B. In addition to the home study, licensed day care homes must conform to Berkeley's fire and building codes. Inspections are made by the Fire Department and the Zoning Officer or Inspection Services Department. These inspections are separate from the County licensing procedure, and a city inspector may refuse to approve a home even if it has met the county requirements.

Unlike the Welfare Code which governs the county licensing procedure, the building and fire regulations distinguish between homes serving five children or less and homes serving six children or more, exclusive of the day care mother's own children. These two types of inspection procedure will be described separately:

1. For Homes Serving Five Children or Less. Zoning inspection is made by the Zoning Officer, who endeavors to insure that the planned use of the facility as a family day care home is compatible with the neighborhood. Specifically, he inspects to see if play yards are adequately spacious and sufficiently isolated so that the neighbors will not be disturbed by the children at play. He also investigates the provisions for pick-up and delivery of children, preferring off-street loading if possible. No public hearing is required, unless the Zoning Officer anticipates problems, and there are no zoning restrictions.

Building and Fire Inspections, conducted by the Fire Department in cooperation with a sanitarian for the Department of Health, cover the following items:

a) Cleanliness of home and yard; yard must be fenced.

b) Access to telephone.

c) Distance from adjacent property (this must generally be greater than 5 feet, although some flexibility is possible).

d) Exits - Doorsmust be such that they can be opened from the inside without keys, special effort, or special knowledge.

e) General structural conditions - Children must be cared for on the ground floor only, unless there is a sprinkler system or special concrete construction.

f) Safety of heating and electrical systems.

g) Fire extinguishing systems: There must be a hand extinguisher (2 lb. dry chemical extinguisher) for the kitchen.

2. For Homes Serving Six or More Children the requirements and inspections are much more rigorous, as follows:

a) Zoning - A home serving six or more children must apply for change of occupancy, to Group C or "institutional" occupancy. A public hearing, to determine if there is neighborhood opposition, is held by the Board of Adjustments before the change of occupancy is granted.

b) Building Code - Inspection is conducted by the Inspection Services Department to determine if the structure conforms to the state building code for institutions. Special provisions include: an exit from every room used by more than six children; a limitation on the total area of the first floor in a building of multiple stories (the area may not exceed 6800 sq. ft. and only the first floor may be used for children below kindergarten age); a stipulation that concrete construction must separate the first floor and basement area; and compliance with the California Restaurant Act for kitchen and food services.

c) Fire Regulations - A more strict interpretation of the items enumerated in relation to a home serving five children or less, so that the operator may be required to have the home rewired, to install fire-resistant siding or roofing, to re-insulate the heating system, etc.

C. Fees - In addition to the cost of any required improvements, a number of local fees must be paid in connection with securing and maintaining a license:

1. A use permit of $15.00 when application is made to care for 5 children or less, or $85.00 to care for 6 children or more. (These fees are not refundable.)

2. Fees of varying amounts for building permits if remodeling is required.

3. A business license fee, payable annually, in the amount of $30.00 (plus $7.50 per employee per year.)

4. A "change of occupancy" fee of $10.00 for homes serving 6 or more children.

D. After the home study (including interview sessions with all members of the family) and all inspections have been successfully completed, the Alameda County Welfare Department issues a one-year license, specifying the number, the age and the sex of the children who may be cared for. The licensing worker is responsible for on-going casework with the children and day care families - there is at least one regularly-scheduled visit each year, and additional contacts are available at the request of the day care parents or at the discretion of the agency.

III. Study Findings

A. Sources of Information

In addition to factual information about licensing procedures, the Planning Units had access to a number of sources of information about licensed day care:

1. A compilation of responses to a specially designed questionnaire which was mailed to all licensed day care operators in Berkeley and yielded an 80% return.

2. Information from the questionnaires which were mailed to a random sample of all Berkeley parents and contained specific questions relative to their use of, and preferences for, licensed family day care homes.

3. Participation by Alameda County Welfare Department licensing workers and licensed day care operators on the Planning Units.

4. Investigation of source materials about other licensed day care programs.

The following is based on a composite of this material.

B. Current Status of Licensed Day Care Homes in Berkeley

There are currently 61 licensed day care homes in Berkeley. Projecting from the responses of the operators, we estimate that there are approximately 280 children being cared for in licensed day care homes. The distribution of these children on the basis of age follows:

Infants	80
Preschoolers	134
Primary grades	50
Over age 8	7
Age not given	9
TOTAL	280 - of whom 202* are Berkeley residents

Most of the children are served full-time; the vast majority of their mothers are employed; and roughly one-third come from single parent families. A map giving the locations of licensed family day care homes in the City of Berkeley is shown on p. 48a.

C. Extent of use

One of the most significant results of the parent questionnaire study was the finding that only 201* or 4.3% of all children receiving child care services were cared for by licensed family day care homes, as compared with 22.1% cared for by an unlicensed sitter in her home. In the light of the precautions taken to assure adequate facilities in licensed homes, and considering that caring for children in one's own home without a license is both unregulated and illegal, it becomes essential to critically examine the finding that more than five times as many children are taken to the homes of "illegal" sitters as are taken to licensed family day care homes. Based on the study data, we can ifentify three main reasons: Cost, availability and program content.

1. Cost

From the parent questionnaires, we learned that nearly 50% of the unlicensed sitters charged less than $20.00 a week for full-time care as compared with about 25% of the licensed day care homes. And, of all the parental complaints, expense was the second most frequently mentioned, particularly in families where there was more than one child. The parents' reports on the cost of care was confirmed by the responses of the licensed day care operators. A summary of fees reported by the licensed day care operators is shown in Figure 13.

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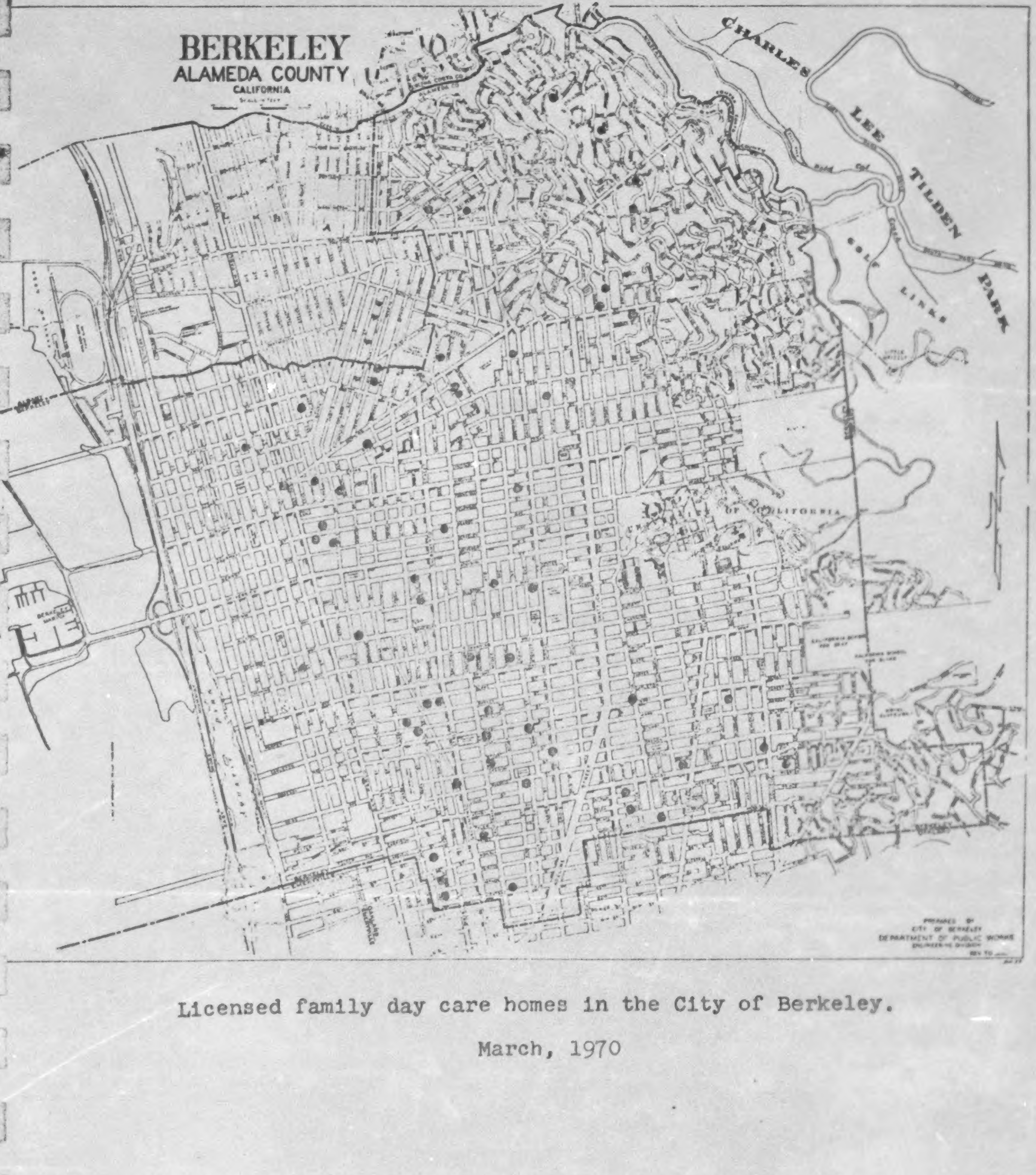
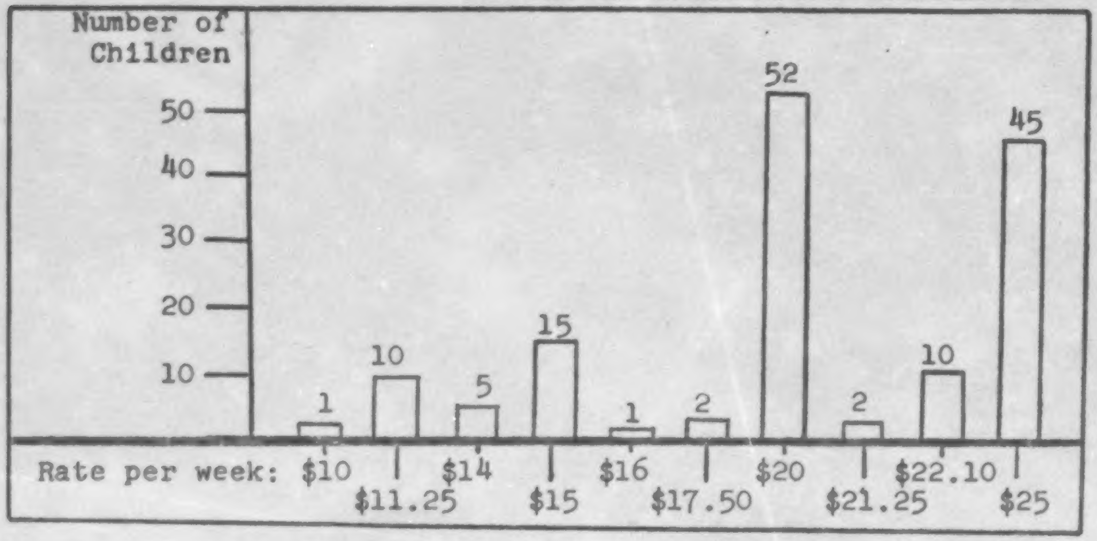
*It will be seen that projections from the responses of licensed day care operators and from the parent questionnaires yield almost identical figures (i.e., 202 and 201 respectively), encouraging a high degree of confidence in the accuracy of both sets of data.


BERKELEY
ALAMEDA COUNTY
CALIFORNIA
CHARLES LEE TILDEN PARK
GOLF LINKS
UNIVERSITY OF CALIFORNIA
PREPARED BY
CITY OF BERKELEY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

Licensed family day care homes in the City of Berkeley.

March, 1970

Figure 13 - Child care rates in licensed day care homes (full-time service)



Why does the licensed day care operator need to charge more than the unlicensed sitter? First, she is limited in the number of children she can serve, and, as a consequence, she has no way to realize a fair return on her labor except by charging those families she serves fees which cover her costs and still yield a reasonable salary for her labor. And secondly, the licensed day care operator has numerous special costs - home improvements to obtain fire and zone clearances, home maintenance, "use permits", business licenses, and the cost of an assistant if she is licensed as a special day care home - in addition to the cost of food and equipment. There is no control exercised over the unlicensed sitter - she is not limited in the number of children she can take and she has none of the special costs. She can, therefore, charge less and still make more money. As things now stand, we are penalizing licensed day care operators for conforming with our laws and regulations. This was underscored by the questionnaire responses: nearly all of the licensed day care operators who indicated that they had problems of any sort cited financial hardship as the dominant problem. If we believe that licensed, regulated care is superior to unlicensed care, we must find ways to aid the licensed day care operators. We must assure them an adequate income without penalizing the families who need the care provided. Only then can we hope to make it more attractive to operate and use a licensed, rather than an unlicensed facility.

2. Availability

On the parent questionnaire, respondents were asked to state what services they would prefer if cost were not a factor. On this basis, one-third more parents stated a preference for licensed day care homes than were actually utilizing this service, whereas fewer than half of the parents who were using unlicensed sitters said that they preferred their present type of care. As we have shown, cost is a factor in this reported use of a non-preferred type of care. Unavailability is another factor, as documented by the responses of the licensed day care operators. They reported that an estimated 151 applicants were turned away during one month and that an additional 50 are on waiting lists. As compared with the 201 persons actively seeking enrollment in licensed day care homes, 53 vacancies were reported (and several of these had limitations on the hours, ages, or times when they could take a child).

It seems evident that there are too few licensed day care homes in Berkeley. It is also apparent, from a comparison of vacancies and waiting lists, that the referral process is not adequate. The Alameda County Welfare Department does give information about openings to people who call them, but this is not widely known, and there is no staff time available for follow-up.

Another aspect of availability has to do with the location of licensed day care homes. As was apparent from the map, such homes are fairly well dispersed throughout the city, with the exception of the south campus area and the area below San Pablo. While it was noted that the vast majority of children are delivered to licensed day care homes by car, the lack of transportation is most likely to be a problem in the very areas where there are few licensed day care homes (particularly in the west of San Pablo area).

3. Program content

An analysis of comments made by parent respondents indicates that the quality of the educational and social experience tends to vary from home to home and is generally not thought to be on a par with that provided in centers (neither the licensed day care home nor the unlicensed sitter in her home was rated as high as group care by parents needing child care). The following list of responses by licensed day care operators to an open-ended question about a typical day's activities sheds additional information on this area. The number following each activity shows the number of operators (of the 49 who participated in the study) who mentioned this activity:

Eating	30
Free play	23
Outside play	21
Television (Sesame St.)	17
Stories	15
Crafts	14
Outings	12
Games	9
Art	9
Music	7
Special Projects	5
Preschool Work	5
Dancing	4
Talking with children	2
Pets, Puppets, Other	2

A review of this list makes it clear that some homes are providing a very rich experience while others are more limited to good physical care and "play". While there will always be differences based on personal warmth, interest, and other factors, these findings are suggestive of the fact that more attention is perhaps paid to the facility than to the day care operator herself. In view of the response by 51% of the licensed day care operators stating that they would be interested in educational programs or workshops, it would seem that more could be done to improve program content if the needed leadership can be made available. At present, Alameda County Welfare Department has only two licensing workers assigned to Berkeley and, since they have responsibility for licensing boarding homes as well as day care homes, their ability to provide on-going consultation is severely limited by lack of time. Efforts along these lines have been made in the past, and more services could become available if the licensing staff were enlarged.

While much could and should be done to upgrade the programs offered in homes, it is necessary to recognize that some children really require the larger group experience and the possibility of children going from licensed homes to Center programs for part of the day also needs to be explored (see p. 56).

4. Study findings on care of the sick child in licensed day care homes

More than half of the operators who answered the question indicated that they take care of a child who is ill if it is possible to do so; some put the children to bed and isolate them and others will care for children only if they are well enough to go outdoors. As we know from the parent questionnaire, care of the sick child is a major problem for working mothers. With a significant proportion of licensed day care operators willing to care for the sick child, the mother utilizing this form of care has a better chance of maintaining consistent attendance at her place of employment. On the other hand, there was concern in the Planning Units about the possibility of contagion to the other children and also about the effect on the child of being isolated in a situation where the adult has little time to spend with the child. It was pointed out that the most contagious stage is generally over by the time the symptoms are obvious, so that there is really no effective way to eliminate contagion except through preventive immunization programs (see the recommendation on p. 58). As regards the effects of isolation on the sick child, it was suggested that a homemaker service for sick children could provide needed assistance (see the proposal on care of the sick child, p. 57). There was also concern about the finding that nearly one-third of the day care home mothers have no back-up provisions in case they themselves are ill. Again, the development of a homemaker service for sick children was seen as the potential solution. The possibility of substitutes (perhaps from the Department of Early Childhood Education substitute list) should also be investigated.

5. Advantages of licensed day care

All of the Planning Units gave a great deal of consideration to licensed day care because of the many advantages which this type of care can offer the community.

First, licensed day care, in contrast to all other forms of home care, is subject to study, orientation, supervision and regulation. It thus has the potential for providing consistently high-quality care, including an adult-child ratio of no more than 1:6.

Second, the per child/per year cost of this type of care is far less than the cost of providing comparable care in a center program, primarily because of the lack of overhead and the acceptance of a very modest income by licensed day care operators. With the homes privately operated as at present, there is no cost at all to the community.

Third, the licensed day care home is virtually the only service currently available for group care of infants, and it is well suited to serving groups of siblings of various ages.

Fourth, since care is provided in the licensed day care operator's own home, the hours during which service is available can be more flexible than in group care programs with strict opening and closing times.

Fifth, it provides home-type care for small groups and is thus ideal for children who fare best in such a setting.

Sixth, in utilizing existing facilities (homes), it eliminates the problems of finding sites and funds for construction.

Seventh, since no special zoning is required for the care of five children or less, licensed day care homes can be widely dispersed throughout the community, easing transportation problems and making it possible for children to remain in their own neighborhoods.

Finally, it makes it possible for the day care operator to be at home with her own children and still be economically self-supporting.

In the light of these advantages, the fact that only 4.3% of children needing or receiving care are now being cared for in licensed day care homes is doubly incredible. It was the conviction of all the Planning Units that the recommendations which follow must be implemented so that licensed day care can take its place as an important part of child care service within the community.

RECOMMENDATIONS

A. Formation of an organization of licensed day care operators for purposes of mutual assistance in coping with the problems which have been identified. Professional assistance in the formation and operation of this association should be rendered by the Alameda County Welfare Department, in cooperation with the Program Developer of the Community Child Care Office.

The functions of this organization would include the following:

1. Collective purchasing and/or securing information about sources which would supply food, toys, equipment and other items on a discount basis. It is suggested that the school district and/or the city might offer assistance in purchasing educational materials and supplies, including surplus commodities. (69% of licensed day care operators responding to the questionnaires stated that they would like help in securing sources for discount purchasing.)

2. Negotiate with the City and County for clarification and simplification of the licensing procedures. Consult with the Fire Department and other appropriate bodies about the possibility of developing new technologies for fireproofing older houses and other means of meeting fire department requirements without undue expense.

3. Negotiate with the City for the reduction or elimination of "use fees," business licenses, and other special charges. (Many of our neighboring communities do not charge such fees, and Planning Unit members felt strongly that licensed day care operators should not be penalized for offering a valuable community service for minimal profit, in a legal and proper manner.)

4. Elect representatives to the recommended 4-C's Policy Committee and otherwise represent licensed day care operators in the community.

5. Participate in the development of educational and informational programs for licensed day care operators.

6. Assist in publicizing licensed day care and thus recruit both additional clientele and additional homes.

7. Investigate the possibility of securing home improvement loans from the federal Small Business Administration, Redevelopment Agency, and other sources.

8. Develop a system to aid in the collection of delinquent fees and other matters of common concern.

The Planning Units support each of the particular recommendations cited above and feel that an organization of licensed day care operators is the most effective vehicle for accomplishing these goals, as well as being most consistent with the principle of control by the community persons involved.

B. Thorough exploration of the possibilities for subsidizing licensed day care homes or clientele, as follows:

1. Under the auspices of the County Welfare Department:

> County Welfare Departments may directly employ AFDC mothers to serve as licensed day care operators, providing care for the children of other AFDC mothers who work or are in training programs. A program of this type, recently begun in New York City is described as having the following effects:
>
> " - Freeing thousands of women to take jobs or get educational and vocational training to qualify for work.
>
> - Employing public assistance mothers in the operation of day care centers.
>
> - Relieving pressure on existing day care facilities.
>
> - Reducing public assistance payments.
>
> - Increasing the tax rolls."
>
> (quoted from VOICE, March/April 1970)

A similar program is in operation in Los Angeles and we recommend that Alameda County Welfare Department consider initiating such a program in this county. At present, Alameda County provides a subsidy ("Vendor pay") for 14 Berkeley children placed in licensed day care homes in conjunction with the WIN (Work Incentive) program. Since the WIN program is limited in scope, we are proposing a plan which would enable a much larger proportion of AFDC mothers (both those who would be employed as licensed day care operators and those who would receive the care services) to join the work force.

2. Under auspices of the Berkeley Unified School District:

The schools could employ women in their own homes, or they could work out contractual arrangement with private operators, to care for children who are too young to be cared for in centers, for children who would gain maximum benefits from a small group situation, and for those who cannot be served immediately in the Center program. Such homes would have the advantage of access to consultation from school specialists in early childhood education and to assistance from ancillary personnel (school nurses, social workers, etc.). In addition, there could be a reciprocal arrangement whereby children who would benefit from a nursery school experience could participate in the Center where they will eventually be enrolled on a part-time basis while receiving full-time care in a home. This system would ensure continuity of care for the individual child as he grows older and would provide him an educationally sound experience, for the least possible cost.

Users would pay for the service on a sliding fee basis in accordance with their ability to pay. If the licensed day care operator is employed by the schools, she would receive a salary of about $6,500.00 per year (this is approximately the gross income of independent operators). If the licensed day care operator is working with the schools on a contractual basis, the school would pay her the standard $25.00 per week per child (the basic cost to the schools would be the difference between this amount and the fees paid for the service by the parents). The licensed day care operator, working on a contractual basis, would, of course, also be free to accept other children (i.e., not assigned by the schools) on a full-pay basis. There would be additional costs to the schools associated with consultation, ancillary services, and part-time nursery school participation for a few of the children, but the total cost would still be considerably less than the cost of full-time care in a Center program, and the program would be available to children who could not be served in a Center for reasons cited above (age, suitability, and openings). The concept of the "satellite" center associated with the schools is also discussed in the section on Group Care for Infants (see pp. 69-71).

3. Under the auspices of Model Cities:

As part of housing and manpower development, the South Berkeley Model Cities could recruit residents interested in becoming licensed day care operators and assist them in bringing their homes up to licensing standards. They might also provide a stipend while the new licensed day care operator is receiving training. If she is caring for children while receiving training, the stipend could help to cover the discrepancy between the amount that users of the service could pay and the amount required by the licensed day care operator to cover her operating expense and reimburse her for her labor. Under this plan, the licensed day care mother would remain a private operator rather than an employee, but she would receive needed assistance in establishing and operating a business.

C. Provision of training for operators is covered under the Section on Training, p. 122 ff.

D. The development of a program of homemakers who can be on call to assist a licensed day care operator in caring for a sick child who must be kept in isolation from the other children or to provide relief for an operator who is ill is covered under the section on Care of the Sick Child, p.109. In connection with the care of sick children, we also recommend that operators work with the parents and the Health Department to ensure that children in their care have received all of the immunizations appropriate to their age. This could be implemented by maintaining immunization records and reminding parents when immunizations are required.

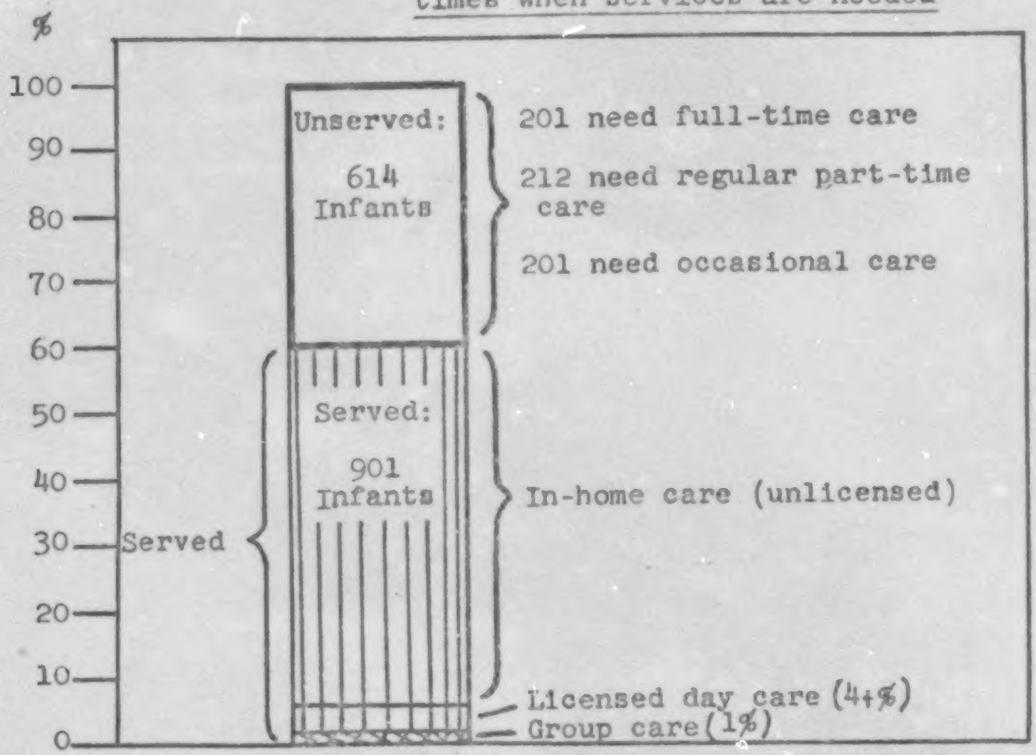
It is hoped that the implementation of the preceding recommendations will vastly improve the situation for licensed family day care operators and will provide a powerful incentive for unlicensed operators to become licensed.

GROUP CARE FOR INFANTS

I. Documentation of Need

The following chart shows the number of infants (3 months to 2½ years) who are receiving child care services compared with those having unmet needs. These figures are based on responses to the parent questionnaire.

Figure 14 - Comparison of infants served and unserved, services utilized, and times when services are needed



While most programming has been predicated on the assumption that mothers of very young children tend to remain at home, our findings show that this assumption is not valid. Three-fourths of all respondent parents with infants stated that they needed, wanted, or used child care. Forty percent of these indicated that they needed services which they were not getting. Of these, two-thirds were in need of child care services for their infants because they were working or in school and were greatly dissatisfied with present arrangements or because they were planning to work or attend school and had no care available. The remaining one-third needed occasional care to permit them to shop, do errands, etc. The one difference that does emerge between parents of infants and those of slightly older children, is that a higher proportion of the former work or attend school only part-time and there is a proportionately higher need for part-time care.

Another finding which contradicts popular belief is the preference for group care expressed by parents of infants and toddlers. Forty percent of the respondents favored an infant or family center as compared with twenty-five percent who preferred a sitter (the balance indicated they would be satisfied with either form of care). This is extremely significant in view of the absence of group care for infants in this community. The only program which currently provides group care of infants in Berkeley is the ASUC Short-Time Center at the University of California, which serves a maximum of 15 children per hour in the age range from 6 months to 6 years. A program for the infants of Berkeley High School students will begin in the fall. Both of these programs are for specific populations, however, and neither will serve the needs of the general community.

As shown on the chart, only a tiny proportion (under 5%) of infants are cared for in licensed programs. The vast majority receive unlicensed "in home" care, and nearly half of the parents are not fully satisfied with these arrangements. Licensed day care operators frequently mentioned the lack of facilities for infants as a major problem.

In summary, there is an immediate unmet need for 201 full-time and 212 part-time places for infants and a very strong preference on the part of parents for infant group care.

II. Report of the Infant Planning Unit

A. Introduction

As our survey revealed, facilities for the care of infants and very young children are almost non-existent in the city of Berkeley. Until very recently, it was virtually impossible to provide group care for infants in California. No standards had been established for licensing infant centers and no centers could be operated without a license.

Children's Centers were prohibited from taking children below age 2, and only a very few family day care homes were licensed to care for infants (and these were restricted to a maximum of two children under 2).

These restrictions were presumably based on the assumption that mothers remain at home with their very young children. Yet our study has shown that a large proportion of mothers of infants and toddlers no longer conform to this expectation. Hundreds of mothers do, in fact, work or attend school, and they use, need or want child care for their infants. As pointed out by the Joint Commission on Mental Health of Children: "...our services for infants and young children and their families are insufficient... These lacks are reaching acute proportions as more and more mothers at all socioeconomic levels enter the labor force. Many of these mothers must work and cannot find adequate substitute care for their children. Consequently their youngsters do not receive the continuous affectionate care and the intellectual stimulation which they need for healthy development."

The question, then, is what type of care would best meet the needs of these infants and young children during the time when their parents are away?

B. Principles for quality care of infants*

Since infant care programs are relatively new in the United States, we begin by stating principles which have recently been formulated for quality care of infants:

1. Provision of a consistent, reliable, loving caretaker who will respond to the infant's need for comfort, relief of tension, and for a social partner.

2. Assurance that the basic elements of physical nurturance, adequate food, clothing, and shelter to support growth and health and prevent physical illness, will be supplied.

3. Provision of adequate social and physical stimulation through adult handling of the baby in the various activities that are part of the infant's daily life: holding, cuddling, bathing, lifting, dressing and undressing. Such handling stimulates gross motor skills and assists the infant to develop

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*Adapted from Laura Dittman, Ed., What We Can Learn From Children, Washington, D.C., 1970, pp. 29-30.

a sense of his own body and the ability to act in an intentional way. It also provides opportunity for emotionally meaningful communications between the caring adult and the infant.

4. Promotion of the development of language and logical thought through talking to the infant about himself and his world, and by adult responses of pleasure to his verbal productions.

5. Provision of a consistent and predictable environment which at the same time supplies enough variety and contrast to facilitate learning.

6. Assurance that toys which stimulate, challenge and please the infant will be provided and used.

7. Provision of opportunities for play and the practice of emerging skills in a safe, supportive environment.

8. Provision of an orderly environment in which the infant can have quiet and peaceful moments when he need not react to people.

9. Provision of opportunities for learning to live with others.

C. State of California, Department of Social Welfare, Standards for Group Care of Infants

Recognizing the growing need for quality care for infants, the California State Department of Social Welfare recently established standards for the provision of group care. These standards, effective May 1, 1970, state:

> "Group care of children under two years of age shall be permitted for those children for whom the community involved offers no reasonable alternatives, such as a sufficient number of family day care homes to provide adequate care, or to meet the special needs of particular groups, such as mothers attending school or training, or migrant workers living in special camps for migrant workers."

Title 22, sub-chapter 5, Article 1,
California Administrative Code.

We presume that Berkeley would be considered as meeting these conditions, since there is a very small number of licensed day care homes serving infants, a very large unmet need, a number of educational and training institutions in the area, and a strong parental preference for group care.

The State Standards also specify the qualifications and duties of personnel to be employed, the child-staff ratio, health and safety standards, space required, admissions policies and other requirements for the provision of adequate care.

D. General guidelines set by Planning Unit

Consistent with the State Department of Social Welfare Standards and the principles of good infant care, the Planning Unit formulated a set of general guidelines, to be followed in all of the infant care programs which we will recommend:

1. Parent involvement and control: Concerted efforts must be made to involve parents, not only in matters of observation, volunteer participation and conferences with staff, but in formulating programs and policies and evaluating how well the programs meet the parents' needs and goals in the care of their infant children.

2. Children to be served: Programs should serve children from early infancy to age 2½, or whenever the child is eligible for care in a nursery school program. Parental choice and discretion would determine when the baby first enters the program and programs should be equipped and prepared to take children as young as necessary. Wherever possible, children should be grouped by age, with provision for periodic interaction between age groups.

Each program should provide full-time (up to 11 hours a day) and part-time care, with a limit of 24 children present at any one time. With 16 full-time and 16 part-time children enrolled, a program of this size could serve 32 children. (Based on the needs identified by the study, twelve such programs would be necessary to accommodate all those with immediate need for care).

Since the programs are intended to serve the needs of the whole community, there should be a racial and economic "mix", with approximately 75% low-income and/or single parents and 25% middle and upper income parents. Fees would be charged on a sliding scale, in accordance with the parents' ability to pay. The possibility of parent participation in lieu of fees might be explored, along with possible sources for subsidies (e.g., from the Welfare Department, from employers, etc.).

3. Staff: First and foremost, each staff member should have a high degree of personal warmth and emotional stability, and should demonstrate the capacity to be continuously responsive to the physical, emotional and intellectual needs of the infants. Professional credentials and several years of experience with young children would be necessary for the head teacher positions. Para-professionals would make up the majority of the staff and they would not be required to have specialized academic training, but they must receive a thorough orientation and regular supervision and in-service training. A special effort should be made to encourage men and minority group members to apply for these positions. As para-professional staff members gain additional training and experience, they should move up a promotional ladder, with corresponding salary increases.

The staff-to-child ratio must be continuously maintained at 1:4. Personnel not working directly with the children would not be counted in this ratio. Each staff member should have specific responsibility to "be involved" with four children on a regular basis, rather than "watching over" a large and changing group of babies. In this way, each infant will be able to develop a continuing relationship with one adult caretaker who would be aware of his individually developing needs and abilities.

"Relief" personnel will need to be provided so that staff members can have regular breaks and a minimum of one-half day a week for preparation, meetings and educational sessions. Staggered shifts will also be necessary to enable staff members to work an eight hour day. All arrangements for staggering shifts and providing relief should be worked out so that there is maximum continuity among the persons working directly with the children. Provision must also be made for social services and medical consultation as needed.

These programs might also utilize parents, in-service trainees and volunteers to assist staff and provide extra attention for the children. In-service trainees could be recruited from the proposed adult education program (see the Manpower Training recommendations), from hospitals training pediatric nurses, and from the local colleges.

4. Program Content: A continuous, intimate relationship with a sensitive staff person should provide each infant with the emotional support and intellectual stimulation that he might receive in a warm and loving home. The staff person will spend time with each infant - holding, cuddling, feeding and talking with him. The children will be provided with toys and other objects geared to their developmental stages (e.g., cradle gyms, rattles, stacking rings, pull-toys, picture books, etc.). As language skills begin to develop, the adult will encourage the child with "word learning".

Records of the child's health and physical and intellectual development will be maintained. The programs should be equipped to care for infants with "sniffles" and other mild disorders in a special "sick bay" room which would provide isolation from others and rest and quiet for the sick child. A group program should not, however, provide care for children who are seriously ill, as determined by the medical consultant serving the program. Such children would best be cared for at home by a homemaker (see p.109) for sick children (or in a hospital, if necessary). Transportation to the program would probably have to be arranged by the parents because of the difficulties of transporting a large number of infants by bus.

5. Facilities: Special construction, modular bungalows, houses or other rented property are possible facilities, provided they have adequate space and are safe, clean, well-ventilated and well-lighted. Space is needed for sleeping, eating and playing - there should be a "home base" room for every four children and additional rooms for "sick bay" and for interaction

with other age groups. Plumbing must be provided for laundry facilities and for each staff member to have immediate access to a sink. Fenced outdoor space, with both shaded and open areas, is also essential.

Insofar as possible, infant programs should be located close to schools, early-learning centers, family centers, or other child care programs, in order to minimize transportation problems for families with children of many ages and to allow older siblings to visit the babies.

6. Evaluation: Funds should be allocated for independent evaluations to determine the strengths and weaknesses of each program. Because of the innovative character of infant group care and because there is an ever greater awareness of the crucial nature of learning experiences in the very earliest years, it is anticipated that private foundation funds (or demonstration grants) can be secured for the development of careful research into the proposed programs.

RECOMMENDATIONS

Because the concept of group care for infants is quite new and there is relatively little precedent to draw upon, we feel that it is important to develop and evaluate a variety of pilot programs in order to determine which combination of elements will ultimately provide the best possible care for infants. We therefore recommend that the following four group care programs for infants be instituted in Berkeley:

A. An Independently Administered Infant Center

We propose that an Infant Care Center be established under the auspices of an independent, non-profit corporation of parents and community representatives. Impetus for the formation of such a program could come from the EOO-BA, the South Berkeley Model Cities Neighborhood Council, or an interested church group (such as that involved in the development of the Rose Street Community Center), with the assistance of the Program Developer in the Office of Community Child Care.

This corporation and its sponsoring group would need to assure local funds for at least one-fourth of the anticipated costs and apply for federal 3:1 matching funds through the Welfare Department. For those infants whose families do not qualify as former, present, or potential AFDC recipients, fees would need to cover the full cost, or other forms of subsidy would need to be sought.

It should be noted that Federal Interagency Requirements have not been set for group care of children under 3 years of age. Support of such programs seems possible, however, since the Federal Requirements state: "If programs offer center care for children under 3, State licensing regulations and requirements must be met. Center care for children under 3 cannot be offered if the State authority has not established acceptable standards for such care." As noted above, California has established standards, and the proposal of the Planning Unit conforms to these standards. There is a local precedent for federal funding of infant centers in the case of the ASUC Short-time Child Care Program - this program does care for infants in a group setting and it is now receiving federal 3:1 matching funds. It differs from the proposed program, however, in its association with an educational institution.

In addition to meeting all of the general guidelines enumerated above, this program would have the following characteristics:

1. It would be governed by an autonomous Governing Board composed of parents (60%) and staff and community representatives (40%), thus reflecting both the parents' interests and the on-going participation of the staff and wider community. The Governing Board would hire the head teacher and all other staff, would set policies pertaining to all aspects of the program, would participate in evaluating the program, and would handle administrative functions not performed by the head teacher. The Governing Board would be represented on the 4-C's Policy Committee.

2. The Center would be located in an area appropriate to its sponsoring agency and the needs of the parents to be served.

3. It would be staffed by a head teacher, eight teacher's aides, and a matron, with provision for social services and medical consultation on a contractual basis. The head teacher would be directly responsible to the Governing Board.

4. Suggested budget for an autonomous group program serving 24 infants at one time (or a total of 32 infants if half of the enrollees are cared for part-time):

Head Teacher (with B.A. plus 24 units and 3 years experience)	$ 11,000
Eight para-professionals at $6200 per year (Staff ratio of 4:1; two of the staff members will provide relief, time off for training and staggered shifts; salary based on the BUSD scale for beginning "Instructional Aides")	49,600
Matron (2/3 time) For laundry, food preparation and custodial duties	4,050
Fringe benefits (at 10%)	6,465
Rental of property - $300 mo. (BHS secured a suitable property for a new infant care program for $200 mo.)	3,600
Renovation (first year only)	1,500
Social Service and Medical Consultation (on contract with Family Service, Health Dept., Hospitals or other agencies)	2,000
Equipment, supplies and food (with parents supplying formula)	5,000
Estimated total for autonomous group care program for infants	$ 83,215
Local share for low income families* (balance to be covered by 3:1 federal grant)	$ 15,602

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*High and middle income families would either have to pay fees covering the full cost or be subsidized by sources other than the federal government (e.g., employers).

Although the per child cost of this program is high, it is essential to provide adequate individual attention for each child, and this necessarily entails a very high adult-to-child ratio.

B. A School-Administered Infant Center

The schools are another agency which could undertake the development of a pilot program in infant care. One such program is now being developed at Berkeley High - a program to care for the infants of high school mothers, while the mothers complete their education. Specific training in the care of infants and direct participation by the mothers in the operation of the program, are built into the program. With this precedent and the experience gained in this program, it might be possible for the district to develop another infant center geared to the needs of working mothers and operated through the Department of Early Childhood Education. Ideally, the center should be close to an existing Children's Center. Such an approach would provide the program with the benefits of all the instructional and support services which the Department has available and would insure continuity of care between the infant center and the Children's Centers for pre-school children. Federal matching funds should be available to such a program on the same basis as was indicated under Recommendation A, above.

C. Satellite Homes

The same advantages could be gained by the operation of a series of mini-centers (day care homes serving four or eight infants), operated as "satellites" to existing Children's Centers. Here, instead of having a single facility to care for 24 infants, a series of three to six family day care homes associated with an existing Children's Center would together comprise a group care program unit.* If these homes could be located close to existing care programs, parents' transportation problems would be reduced and family cohesiveness fostered.

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*The licensing of such a program would most likely fall under the Standards for Group Care of Infants (State Department of Social Welfare) rather than the County licensing procedures for day care homes, but this would need to be investigated.

The "satellite home" would be operated by a day care parent who would be directly employed by the BUSD Department of Early Childhood Education. In the case of a home serving eight infants, an assistant would also be employed. The head teacher would have responsibility for recruitment, organization and supervision of the program. Administration and back-up support of the satellite homes would be provided by the schools. Part-time assistants, in-service trainees, volunteering parents, and the head teacher, would serve as "relief" for the day care parent and would provide additional attention for the children. Auxiliary health and social services would also be provided by the District.

The "satellite home" program, which has been proposed by the Budget Advisory Committee and professional staff of the Department of Early Childhood Education, has several advantages:

1. No new facilities are required and there are no rental costs since the day care mother's own home is used.

2. Hours can be somewhat more flexible when the woman is working in her own home.

3. The homes could be flexibly used to meet family needs (i.e., siblings of other ages could be cared for in the home with infants if this were deemed desirable in a particular situation), whereas such an arrangement is more difficult in centers structured to meet the needs of a large number of children of specified ages.

Suggested budget for a program of "satellite homes" to serve a total of 24 children, under auspices of the Berkeley Unified School District (this budget is based on a plan involving four homes, two serving 8 infants each and two serving 4 infants each):

Head Teacher (with B.A. plus 24 units and 3 years experience)	$ 11,000
Four day care mothers - $6500 per year	26,000
Two assistants (for homes with 8 infants) $5000 per year	10,000

Two part-time assistants (to provide "relief" and back-up)	$ 6,000
Fringe benefits (at 10%)	5,300
Equipment, supplies and food	5,000
Estimated total for "satellite home" program serving 24 infants	$ 63,300

This program costs substantially less than the center program because of the greater burden placed on the day care operator. She will generally work longer hours than the center staff person; she will handle her own cooking and clean-up; and she will provide her home without special reimbursement. At that, her situation will be far better than the licensed day care operator who is an independent operator and not an employee of the schools. The above budget allows for equipment, supplies and food, for fringe benefits, for professional supervision and assistance, and for some relief from the 11-hour day. The independent licensed day care operators have none of these benefits. This represents a reasonable compromise and an excellent means of providing quality care for a more manageable per child cost.

State Department of Social Welfare Demonstration Funds should be investigated as a possible source of support for this innovative program, as well as federal 3:1 funds.

D. Parent-Children's Centers

Another approach to group care of infants is exemplified by the Parent-Children Centers program of Oakland. This program focuses on the career training of welfare mothers and simultaneously offers a program of infant care for the children of enrollees - both as a means of caring for the children while the mothers participate in training programs and as a laboratory for the training of those mothers who wish to undertake a career in child care. This program is funded by the Office of Economic Opportunity. We urge EOO-BA to investigate the possibility of developing a comparable program in Berkeley, utilizing federal funds from the Parent-Children's Center pilot program.

Note: Since Recommendations B, C, and D are to be operated by agencies, it is essential that special efforts be made to insure parent participation in the decision-making process as well as in the operation of the programs, wherever possible.

CONCLUSION

It is hoped that all four of these recommendations for pilot programs will be implemented. All together these programs would still meet only about one-fourth of the known need (assuming that each program serves 32 children, the four together would serve 128 of the 413 infants immediately in need of care). Each of them would offer the kind of quality care which is so essential - each would conform to the bill of rights developed by the Joint Commission on Mental Health of Children:

> "--the right to live in a healthy environment;
>
> --the right to satisfaction of basic needs;
>
> --the right to continuous loving care;
>
> --the right to acquire the intellectual and emotional skills necessary to cope effectively in our society."

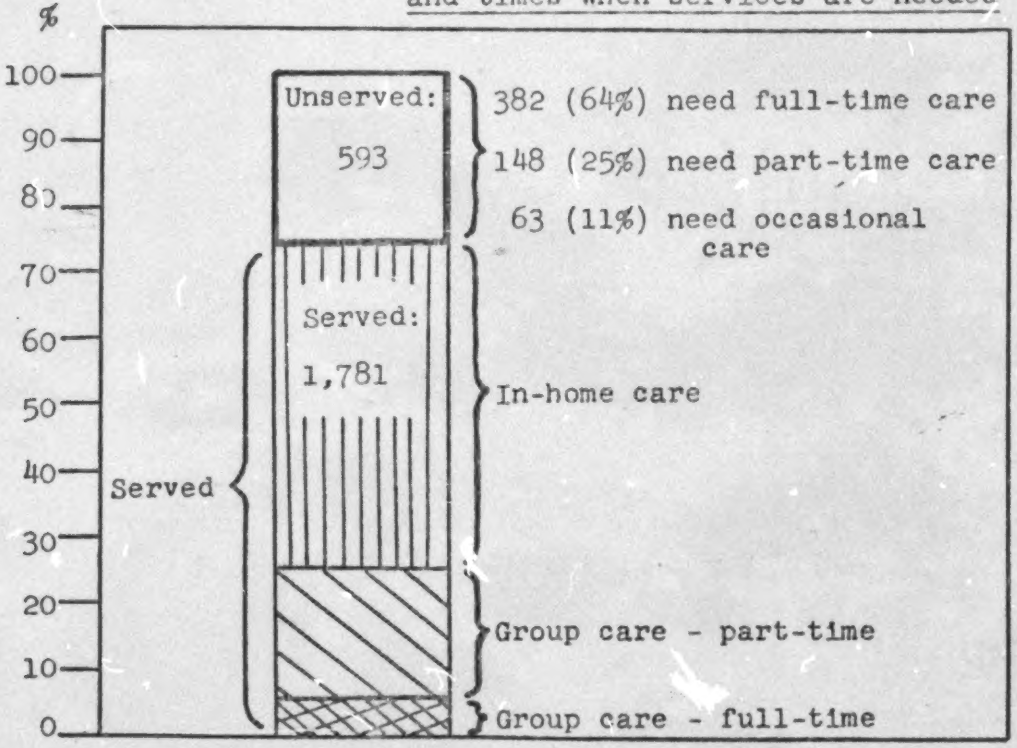
Moreover, the development of multiple approaches to the new field of infant group care can provide a superb opportunity for comparative evaluation in a much-needed area of child care.

GROUP CARE FOR PRE-SCHOOL CHILDREN

I. Documentation of Need

Based on responses to the parent questionnaire, the following chart shows the number of pre-school children ($2\frac{1}{2}$ to 5 years) being served, the types of service they are receiving, the number needing services they are not now getting, and the times when service is needed:

Figure 15 - Comparison of pre-school children served and unserved, services utilized, and times when services are needed



Altogether, 477 families (with a total of 593 children) have needs which are not now being met; and the overwhelming majority (82%) prefer group care for their children. Reasons for needing care include: 39% who are planning to work or attend school and have no care available; 31% who are working or in school full time and have sitters or some type of improvised child care arrangement but are deeply dissatisfied because of cost, lack of stimulation, lack of stability, lack of social experience, etc., (Approximately half of these said they were turned down for public group care because they earned too much); 21% who stay home or have satisfactory sitters but also want part-time group experience for their children; and 10% who want care occasionally - for holidays, summer, evenings or odd hours.

The extent of need in this age group is particularly significant in view of the fact that most existing group programs, both public and private, are geared to pre-schoolers. The discrepancy between the number served in full-day programs and the number needing full-day care is especially striking. As reported by the parents, three times as many children need full-time group care as are currently receiving such care. The situation is better for part-time group care since the majority of public and private pre-school programs serve children on a 15-hour-a-week basis. But, there are still at least 148 children who need, but are not receiving, a part-time nursery school experience.

II. Report of the Pre-School Planning Unit

A. Introduction

As defined by the Committee on Child Care in its 1969 report, high quality child care is "attuned to the child's emotional, educational and social needs.... It safeguards children, helps parents to maintain the values of family life, prevents family breakdown." The special importance of quality care during the pre-school years is now being recognized. These are the years when attitudes toward learning are being developed; these are the years when compensation for prior deprivation can be most effective; these are the years when the child's sense of self-competence and personal worth are being established. These are the crucial years.

Yet the data reveals that quality care for Berkeley's pre-school children is in desperately short supply. What must be done to close the gaps and provide the quality care which will meet the needs of the child, his family, and the community?

First, we must acknowledge that society shares with parents the responsibility for the care of all children.

Second, we must plan for a variety of programs to meet the varied needs of individual children and their families - licensed day care for the children who function best in a small group family setting and for those who are best served in their own neighborhoods; warm, enriching large group programs specifically designed to safeguard the child's health and foster his maximal growth and development; and care for the child who is ill.

Third, we must be willing to look beyond current models. We must begin to think in terms of family centers - centers designed to fulfill the needs of pre-schoolers during the day and of school age children who need a place offering rest and enrichment both before and after school. Afternoons and evenings the center could also serve teenagers, adults and senior citizens interested in pursuing arts and crafts, music or socializing, as well as in working with the younger children. Some would come by bus. Others would come from the neighborhood. And it is precisely this intermingling of groups which holds out such special promise, each group interacting with the others, sharing ideas and learning from each other - forging a true community.

We envision publicly subsidized centers located alongside schools and playgrounds, serving children and adults, on both a full and a part-time basis, throughout the year.

B. Suggested Components for a Group Care Program for Pre-School Children

1. Parent-Staff-Community Control and Involvement

We feel it is of the utmost importance that parents and the community participate in the administration and selection of staff for the center so that in so doing they retain ultimate responsibility for their children and the shape of their lives.

There are many ways in which parents could meaningfully involve themselves. Some would be in a position to participate directly in the program, some would participate in a policy-making Board, and others would act as a liaison with the community. Parents will be encouraged to observe the children as they interact with one another, to join in parents seminars, conferences, and meetings. We see this sort of participation as vital in encouraging communication within the center, as well as providing an excellent opportunity for the parents to get to know one another, to share experiences, and to learn about young children.

The professional staff would lend its expertise in shaping the program to fit the individual needs of the children and maintaining good communication with the parents.

2. Program Components

In a program founded on parent-staff-community control, the specific details of program planning must be left up to those who will be implementing the program. We can, however, establish the following basic guidlines:

a) The program will focus on the individual needs of each child and the ways in which his social, emotional, physical and intellectual potentials can best be realized.

b) Emphasis will be placed upon development of concepts, language ability, a healthy self-image, and large and small motor abilities.

c) The emotional atmosphere at the center is an all-important concern. It must offer all the warmth and resources of an exemplary home - plus the educational components which will best prepare the child for later, more formalized learning.

d) Arrangements will be made for the care of the sick child by including in the center a "sick bay" where children with colds and other minor illnesses not necessitating nursing care may be isolated. It is not within the scope of the program to care for the seriously or acutely ill child.

3. Flexibility of Hours and Ages

The centers' hours of operation would be flexible. The survey indicates that a basic minimum of 382 additional pre-school children need full-time group care, at least 148 need regular part-time group care, and another 63 need occasional care. While the great majority of places will be filled on a regular basis full-time or part-time, a certain percentage will be left open to serve occasional users who will be cared for by prior arrangement as space permits.

The survey points up a certain need for care for the children of mothers working odd hours - evenings, nights, etc. Since there is great variability in the hours when such service is needed, it is our opinion that these children would be better and more economically cared for in quality family day care homes, rather than attempting to structure group programs to meet these widely varying needs.

Although our main concern is planning for the group care of pre-school children, we strongly advocate that these centers be specifically designed and dedicated to serve a wide age range of children as well as adults. This would serve a variety of purposes. Most importantly, it will insure that people of all ages will be exposed to each other, will work and play together, and will come to know each other while pursuing common goals. Young children especially benefit from watching and emulating the skills of older ones, while the older child's sense of responsibility is encouraged by being considered capable of watching out for the little ones. A wide age mix would also tend to reduce administrative and program duplication, and keep all the children in one family in one place.

4. Location and Physical Setting

Recognizing that care itself is an educational process and that a continuity of programs is a most desirable goal, the most logical location for our centers would be in close conjunction with the schools and playgrounds. This would insure that all families have relatively easy access to the centers and increase the likelihood of keeping families together. Pre-school children would be bussed, together with their school-age brothers and sisters. Teen-agers and adults would use the centers in their neighborhoods.

We recommend that the first centers be planned in close proximity to those Primary Schools*(K-3) offering the easiest access and serving the greatest number of children. Eventually we hope to see centers in conjunction with all of the K-3 schools so that all children can attend their regularly assigned schools. It is felt that the transition to Kindergarten is facilitated if the children are already well acquainted with the Primary School and its environs.

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*Washington, Whittier, LeConte, and Jefferson

The quality of the physical setting is very important. There must be plenty of outdoor space with well-designed equipment as well as open spaces. Green grass and trees encourage people of all ages to pause and socialize. Whether the building itself is a portable classroom, a school building, or an old house, the atmosphere must be homelike, with room both to socialize and to be alone. This is especially important for the young children who may spend the greater part of each day at the center. We envision rugs, stuffed chairs, couches - nooks and crannies in which to suck a thumb or study for an exam - a kitchen for learning to cook as well as for food preparation and service. And, of course, plenty of games, toys, books, musical instruments, a science corner, as well as the whole range of expressive media: clay, paint, puppets, etc.

5. Eligibility

We have recommended that the community undertake to provide quality child care for all of Berkeley's children who need it. But until an adequate number of centers are provided, some priorities must be established. Children should be accepted in a manner to encourage a balance of age, sex and race. A sliding fee scale must be adopted. 75% of the children accepted will be from low income and/or single parent families, the remaining 25% of the children will be from families who do not meet such requirements.

6. Manpower

We propose that each center be staffed by at least one professional in the field of early childhood education. Para-professional staff will be recruited directly from the community served by the center with an effort to accurately reflect its ethnic and racial balance.

We feel strongly that the para-professional staff needs a sincere emotional and intellectual interest in young children and the ability to communicate with parents, rather than paper credentials. They should have an orientation program before beginning work and receive training both on the job and in courses offered by Adult Education and/or the local colleges. They should also be paid an equitable salary, be given regular merit increases, and have access to promotional opportunities as they acquire academic credits.

The proposed staff-child ratio of 1:6 could be augmented by regularly scheduled volunteers. Parents, older children, teenagers, and senior citizens (of both sexes), will be urged to act as volunteers, and the local colleges will be invited to use the center as a training laboratory. We especially hope to be able to attract men, both as regular staff and as community volunteers. Many of the children are from one parent families and would benefit from having a stable male to whom they could relate. All children, in fact, would benefit from experiencing both male and female figures in their schools.

7. Administration

We are strongly committed to the principle of parent-staff-community involvement and control in the development and implementation of pre-school programs. At the same time, we recognize that the schools are best able to supply the expertise and auxiliary services necessary to successful operation of quality group care programs for pre-school children. It is therefore our proposal that a governing board of parents, staff, community representatives, and school personnel be developed to administer the program. This would mean that parents and community representatives would share actively in making decisions in all of the key areas of the program, including the hiring and firing of personnel, curriculum, maintenance of facilities, budget, etc. It is also proposed that the possibility of a family and community center program which is totally controlled by parents and community representatives be explored with the boards of Model Cities and EOO-BA.

8. Finance

Quality child care is never inexpensive. But as benefits will accrue to all, the costs should also be borne by all. We see the centers being funded primarily by one of two means: Either through the school system as a part of their regular budget, or with special funds designated by a voter approved referendum.

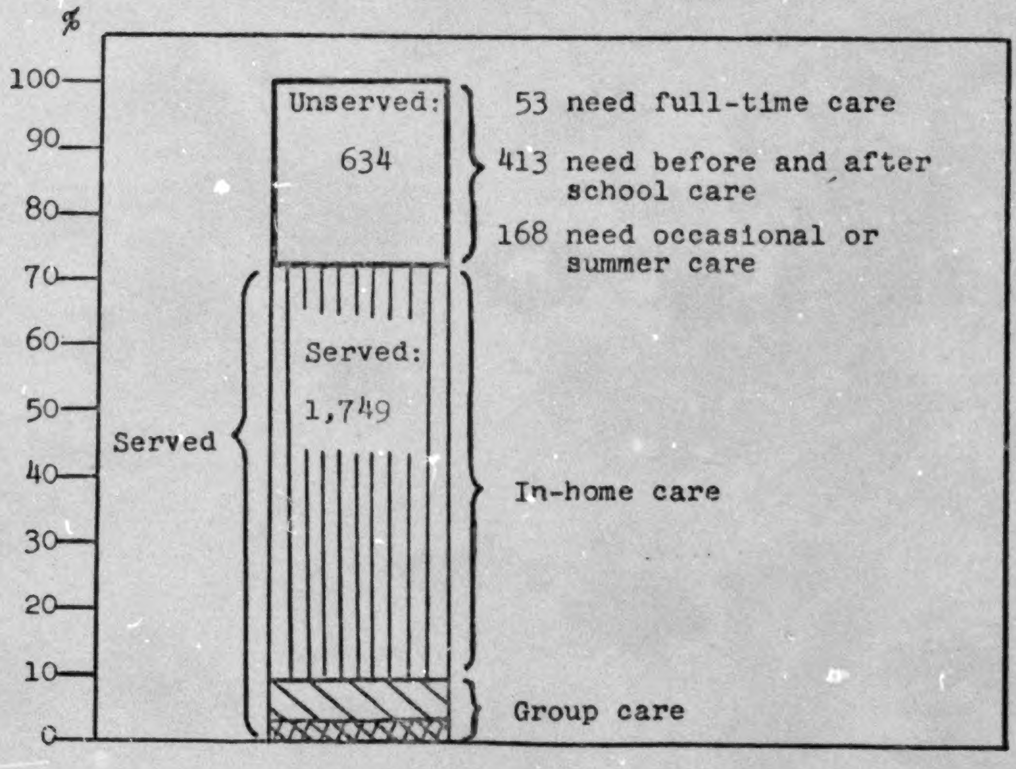
We strongly urge the city, local industry, hospitals and the University, to lend their financial support - that they demonstrate their concern for the welfare of their employees by pledging their long-term support in return for the assurance of quality child care.

CHILD CARE FOR PRIMARY SCHOOL CHILDREN

I. Documentation of Need

The following chart on services needed and services utilized by children between the ages of five and nine (Kindergarten through 3rd grade), is based on responses to the parent questionnaire:

Figure 16 - Comparison of primary school children served and unserved, services utilized and times when services are needed



It is apparent that most children who are now being served are receiving "in home" care; this is in marked contrast to the preferences expressed by parents needing services which they are not now receiving (81% of parents needing service expressed a preference for group care as compared with 15% of children actually receiving child care in a nursery school or extended day care center.).

As shown above in Figure 16, 634 children between the ages of five and nine are in need of services which they are not now receiving. 35% of these children have no care now, despite the fact that their parents are working or in school full time. Another 30% have care while the mother works, but the respondent considered the care unsatisfactory (e.g., father works nights and sits days, child has to travel great distances alone, constant turnover of sitter, etc.). And 25% of the parents would like to work or attend school, but they have no source of care available for their children.

Of the 634 children needing but not receiving service, 53 are too young for kindergarten and need full time care; 413 need regular before and after school care; and 338 of these specifically requested a program like that currently being offered through the school's Extended Day Care Children's Center program. This program, the only one providing group care before and after school for children in this age group, now serves 142 children. This program would have to be expanded three and one-half times to accommodate the children it now serves and the additional children who need this service.

II. Report of the Primary Planning Unit

A. Introduction

Children learn continuously - before, during and after school hours. What they experience out of school significantly affects their ability to utilize the in-school educational experience, as well as helping to shape their attitudes and feelings. We therefore see the provision of quality child care as an opportunity for contributing substantially to the child and his parents - and, ultimately, to society.

For the primary age child (approximately 5 years of age through 8 years of age), a quality child care program must provide a before and after school experience which meets each child's physical, mental and emotional needs. This can be accomplished in a group setting through the provision of:

1. A safe, wholesome, comfortable, secure "home away from home".

2. An opportunity for a relaxed learning experience which is complementary to the classroom.

3. Sensitive and responsive adults of both sexes who are available to relate to the child in a very personal and supportive way, filling the role of parents on a temporary basis.

4. An opportunity for social experiences with a small stable "peer group", comprised of children of varying ages and social and economic backgrounds.

5. Continuity of experience before, during and after school, on school holidays and during the summer.

6. A program flexibly designed to meet the individual needs of each child, including a variety of options; quiet experiences, stimulating physical activities, and intellectual and social enrichment.

Quality child care can also strengthen family relationships, improve communications among families, and enable parents who must leave their children to feel secure in the knowledge that their children are being well cared for. In order to achieve these goals in a group setting, it is essential that:

--Care be available to all who wish to utilize it - regardless of income, marital status of parents, amount of time the program is needed, and other considerations that are used to limit eligibility in most existing programs - without undue financial stress to any parent.

--Parents be fully involved in all aspects of the program, including a) the opportunity to participate in making decisions relative to the selection of staff, housing, and the nature of programs in which their children will participate, b) direct personal contact with the program operation whenever possible, and c) conferences with staff.

--Programs be designed so that parents can meet together regularly to discuss mutual concerns and provide mutual suggestions.

--Child care programs be integrated to serve young children of varying ages in a common location so as to meet the needs of a parent with several children and thus contribute to the cohesiveness of the family unit.

We would like to see such a program operated in the schools - with schools expanded to serve the multiple needs of children and their families and with parents sharing in the control of the program. We feel that parent involvement in child care associated with educational institutions can re-establish contact between these institutions and the communities. We believe that, with a real commitment on the part of both the schools and the parents, school can be effectively re-constituted as multi-purpose community centers, responsive to the needs of the communities they serve.

B. Suggested Components for a Group Care Program for Primary Age Children

1. Physical Setting

We recommend that programs be housed in proximity to primary school buildings. A separate facility (e.g., a specially-constructed cottage, a portable bungalow or a nearby house) would be preferred, but use of a classroom is acceptable, so long as a warm, comfortable and homey atmosphere can be provided.

Provision should be made for dividing the space into smaller rooms or areas so that each small group of children, together with their staff person, can enjoy a place of their own. The setting should also allow each child an opportunity for privacy as well as group interaction. In addition, a special place within the facility must be set aside to accommodate the child who becomes ill, in order to provide him with rest and reduce the risk of infection of others.

Furnishings should approximate a home as nearly as possible, including carpeting, over-stuffed chairs and couches, floor pillows, blankets, pictures, small tables, kitchen facilities, etc. Outdoor space must include greenery, sheltered areas and open space.

2. Staff

We recommend that there be a minimum of one staff person for each nine children. Some of the Planning Unit members felt that assignments should be made in such a way that a group of children and a particular staff person would function together regularly as a unit. This would not mean that the child would be limited to interacting with only one staff person but rather that he would have one "special" person to check in with before moving out into other areas. Others felt that staff assignments should not be specifically defined at this time but should be left to the discretion of the working staff. It is therefore suggested that a variety of staffing patterns be explored, with the objective of providing a homey and stable atmosphere for the children.

We recommend that para-professionals of both sexes and diverse backgrounds, selected for personal qualities (warmth, interest, and experience with children) be employed to work directly with the children. In order to attract staff with the desired qualifications and provide career opportunities for them, in-service training and a promotional ladder must be developed. A professionally qualified teacher of Early Childhood Education would be employed to serve as a supervisor, consultant and instructor for all of the para-professionals within a given facility.

While continuity of relationships is highly desired, it is recognized that good staff persons might be easier to attract if provision were made for two part-time persons, one for the before-school hours and one for the after-school hours. If this procedure is followed, exchange of information between the two persons working with a single group would be of the greatest importance. Adequate provision will need to be made for full staff coverage during holidays and vacations.

Besides the specially-employed personnel, children should have access to the recreational staff already serving on school grounds. It is also hoped that volunteers (from secondary schools, colleges and the community) could be recruited to provide a variety of special enrichment activities. Volunteers, like staff members, must be carefully screened.

Finally, an arrangement must be developed which would enable children enrolled in the child care program, and their families, to have access to the specialists - nurses, social workers, and others - who are regularly employed by the schools. Graduate student interns in social work and other specialties might also be available to assist parents and children as needed.

3. Eligibility

Children in Kindergarten through the third grade would be eligible, with the program open to all who wish to utilize it - children of parents who are working, in school, or otherwise in need of care for their children. The latter would include those who wish to use the program on an intermittent basis for special occasions. Several slots at each facility could be reserved for this type of drop-in use, and parents would need to make prior arrangements for a particular day.

It is desirable that a racial and economic mix be built into the program from the outset. Until the program can be expanded to accommodate all children who have a need for care, a certain number of places must be reserved for "middle-income" families. It is intended that within five years all families with need shall be served and none excluded because of earnings which exceed the limit currently established for Children's Centers.

4. Fees

We recommend that fees be charged on an ability-to-pay basis (i.e., sliding fee) up to a reasonable maximum flat rate ($5.00 to $7.00 per week). Drop-in places could be paid for with money or labor. It is intended that no family be excluded, and it is expected that the fees will generally fall short of total cost, even for the middle-income family for whom fees equivalent to total cost would constitute a hardship.

5. Times

We recommend that the program be available from 7:00 A.M. to 6:00 P.M. (or later, if the need becomes apparent), with before and after school programming on regular school days and full time programs on school holidays and during the summer, Christmas and other vacations - all at the same location.

There should be great flexibility in using the facility full-time, part-time and occasionally, as long as such flexible scheduling can be worked out in such a way as to maintain the essential continuity for the basic group of children who will be attending on a regular full-time basis.

6. Program

Emphasis shall be placed on creating a home-like experience, an unstructured learning situation and an opportunity for maximum development of a positive self-image. Such a program will contribute to the child's total learning experience while providing a needed change from the regular school day.

Specifically, conversation between adult and children, and children with each other, on an informal basis should be encouraged; snacks shall be served (with children participating in the preparation, serving and clean-up); friends of the children shall be welcome to visit and the children shall be free to visit their friends away from school, after they have "reported in" and a telephone contact with the host parent has been made; children may receive permission to participate in all recreation programs available at the school, and, on occasion, transported to the "Y", parks, swimming pools, the library, and other community locations where special activities are taking place or can be arranged.

Since learning in an informal setting is a vital component of the program, crafts, tutorial help, music and other enrichment activities of this nature should be provided by the regular staff person or by a team grouping of staff. Efforts should also be made to include program content which would enhance the children's understanding of cultural variety.

While there must be a great deal of freedom for the children to participate in a variety of available activities, staff responsibility must be personalized so that someone is always aware of the whereabouts of each child.

It is recognized that some children cannot comfortably tolerate constant group interaction, and provision must therefore be made for quiet, private times for the children whenever they want it. An added advantage which the school would derive from the existence of this program is the availability of the facility and staff for use by children (not necessarily enrolled in the child care program) who need access to a separate and quiet environment in the course of the regular school day.

7. Parent Involvement

Involvement of the parents in the program for the children is essential, to the extent that this can be accomplished within time limitations. Specifically, it is suggested that parents be invited to visit the program on a leisurely basis (with coffee provided) at pick-up time, that formal conferences with staff be conducted on a regular basis, that provision be made for parents to participate in decoration of the facility, beautification of the grounds, and other aspects. School personnel, including psychologists, social workers, nurses, or others, shall be available to meet with parent groups, with parents individually, with staff and with children. Provision for their supportive services on a regular basis should be built into the program from the outset.

Most important, we believe that parents must have a share in the control of any program which affects the lives of their children. It is imperative that parents have a clearly defined role in selecting staff, determining the nature of program content, and establishing more specific guidelines with regard to their particular facility and program operation. Along these lines, the Planning Unit recognizes that all of its recommendations should be considered tentative, subject to whatever changes the parent group (in conjunction with the principal and child care staff) wishes to establish at such time as the program actually goes into operation.

THE EARLY LEARNING CENTER

The pre-school and primary proposals are being considered together since a combination program, offered in conjunction with a primary school, can most effectively meet the educational and child care needs of all children between the ages of three and nine. Both of the foregoing proposals, prepared by the Pre-School Planning Unit and the Primary Planning Unit, underscore the importance of:

1. Developing a program which is flexibly structured to accommodate children of many ages for varying periods of time (from two to eleven hours) depending on the educational, social and emotional needs of the child and on the family's need to have the child properly supervised during the time when the mother is at work, in school or otherwise unavailable to care for the child.

2. Recognizing that learning takes place throughout the child's life, throughout every day, and in response to multiple experiences; that there must be no artificial separation between "education" and "child care".

3. Including children of all racial, economic and social groups in pre-school and after-school, as well as in-school, learning, working and playing experiences.

4. Involving parents actively as both participants and controllers of their children's educational experiences.

5. Reconstituting schools as family centers, serving as broad a section of the community as possible (including the children enrolled at the school and the neighborhood people of all ages who might wish to assist as volunteers or to participate in recreational or other activities at the school).

6. Restructuring the school environment so that it will be habitable for children, through the addition of "homey" furnishings indoors and grass and trees outdoors.

7. Providing continuity of experience for the child - from pre-school to kindergarten and from in-school to after-school programs.

The approach developed by the two Planning Units is consistent with that of the Early Learning Center model developed by the Berkeley Unified School District during 1969-70. This model conceives of an integrated program of nursery school education, academic instruction and child care, serving children from 2½ to 9 years of age in a single school program, in contrast to the present "separatist" approach applied to Children's Centers, Parent Nurseries, and elementary schools.

As originally put forth, the Early Learning Center was to be developed in new facilities located in the Model Cities area and accommodating 450 children. This is a highly desirable plan which is wholeheartedly supported by the Planning Units, provided that it is approved by the South Berkeley Model Cities Neighborhood Council and that funds for construction can be developed. The implementation of the Early Learning Center concept is not, however, dependent upon new construction. In fact, the Department of Early Childhood Education has been working closely with the staffs of several schools toward reconstitution along the lines of the Early Learning Center model. Such a move is recommended and supported for the following reasons:

...The cost per year for child care services can be greatly reduced by incorporation of these services into existing primary school programs (such cost reduction is accomplished by "tying in" with the existing administrative costs rather than duplicating these costs - for example, an independent Children's Center needs its own administrator while the school's administrative staff - principal and vice-principal - can handle this function in an Early Learning Center under school administration; the need for a separate cook and custodian is eliminated; the school nurse, social worker and other ancillary services could be developed to include the children in the pre-school and child care program as part of their regular responsibility to the school.

...Such an approach can contribute significantly and positively to community attitudes toward the

> school: parents and children will be associated with and served by the school from the child's early years and both will enjoy a continuity of experience and positive sense of involvement.
>
> ...Such an approach can also contribute significantly to strengthening the family through providing service to children of varied ages at the same location, thus making it possible for children to have contact with their siblings in the course of the day as well as easing the burden on the mother who must now make multiple arrangements for her children if they fall into various arbitrarily divided age categories.

It is recommended that the planned programs be implemented immediately in two schools, and that two schools be reconstituted as Early Learning Centers in every year thereafter until all primary schools are providing pre-school education and before and after school care for the children in their zones.

Selection of the schools for development each year should be related to the city master plan (i.e., the acquisition of parks adjacent to schools), the receptivity of the principal and staff, the readiness of parents and the community to be involved, and site and facility considerations. When this is accomplished, there will no longer need to be an artificial separation between "children in child care" and all other children attending school - children will not need to be enrolled in a specially designated school in order to have their child care needs met, but will be totally served by the school which they, like their neighbors, are regularly assigned to attend. Only then will we have an integrated educational program in the full sense of the word - integrated racially and economically and integrated in terms of a continuity of educational and social experience for the child.

If we assume that the twelve primary schools will together provide pre-school and after-school programs for approximately 1200 children, it will still be necessary to develop Early Learning Centers at the sites of the present West Berkeley Children's Center, Franklin Parent Nursery, Grove Street and King programs.

In addition, it is proposed that the South Berkeley Model Cities Neighborhood Council consider the possibility of developing a Family Center along the lines proposed by the Pre-school Planning Unit, which is independently administered by a Board of parents and community people.

Depending on the exact capacities of the various programs as they develop, we can estimate that approximately 1650-1800 children can be accommodated by all of these programs combined.

As shown below, this would make it possible to fill the proven need for the first time.

Figure 17 - Projected enrollment for Early Learning Centers

Type of Program	Present enrollment (from figures of Dept. of ECE)	Additional children needing care (from parent questionnaire)	Total to be served
Full-time Nursery School Program (Children's Centers)	143	435	578
Extended Day Care (Children's Center program for before and after school care)	142	413	555
TOTAL "Full Coverage" programs for children of working parents	285	848	1133
Part-time Nursery Schools (Parent Nurseries and 1331 programs)	440	148	588
GRAND TOTALS	725	996	1721

In the present enrollment pattern, as shown in the first column above, only 285 children of working and full-time student parents are being served; the remaining 440 attend 15 hours per week and their parents are generally expected to participate. These part-time programs do not serve the child care needs of working parents. We are proposing that four times as many children be served on a "full coverage" basis, with only a small increase in part-time programs.

Figure 18 - 1969-70 operating cost of serving 725 children through the Department of Early Childhood Education of the Berkeley Unified School District

Program	Enrollment	Cost per child per year	'69-'70 Budget
Full-time nursery school program (240 days)	143	$ 3,323	$475,189
Extended Day Care (240 days)	142	$ 2,510	356,420
Part-time nursery schools (Parent participation and AB 1331 Programs) (175 days)	470**	$ 892	419,240
TOTAL			$1,250,849*

*The local tax share of this program was approximately $762,162 with the balance coming from the State Children's Center fund, AB 1331 funds, ADA reimbursement for parent participation in part-time nurseries, and parent fees. Additional federal funds ($451,254) received at the close of the 1969-70 fiscal year are not included in this budget.

**Only 440 children are actually enrolled in this program. The 470 figure is a budgetary one, deriving from the "mixing of funds"; i.e., some of the children are enrolled in Children's Centers but are partially funded by AB 1331. This mixed fund budgeting makes it possible to serve family needs more effectively and equitably and to aid in the integration of all the programs.

This is a very costly program, especially when compared with other forms of child care (licensed day care homes and proprietary programs charge approximately $1200 per year for full-time care, and the Rose Street Community Center, a non-profit corporation conforming to Federal guidelines and receiving a federal 3:1 subsidy, estimates per child per year costs at approximately $1750 for full-time care).

The reasons for the high per child costs in the existing Children's Centers program (full-time nursery schools and Extended Day Care), can be found in the following items:

1) A high teacher/pupil ratio, with all school-operated programs conforming to the demanding standards contained within the Federal Inter-Agency Requirements.

2) A high proportion of experienced, well-qualified and highly-paid teachers.

3) Duplication of costs for administration, maintenance, special education and overhead costs - all deriving from the fact that these programs are operated as a separate department.

A high teacher/pupil ratio and qualified teachers (adequately paid for their services) are necessary if we wish to maintain quality educational services. On the other hand, the proportion of professionals to non-professionals could be reduced without sacrificing quality. And the duplicated administrative and maintenance costs must be reduced if we hope to provide child care services for the maximum number of children with the monies available.

The Department of Early Childhood Education has taken these factors into consideration in developing their proposals for school-based programs for next year. The per year per child costs developed for these programs are as follows:

Figure 19 - Costs projected by Department of Early Childhood Education for 1970-71 School-Based Child Care

Program	Costs per year per child
Full-time pre-school program	$2,600 (for 240 days)
Extended day care	1,155 (for 240 days)
Part-time pre-school program	769 (for 175 days)

It will be seen that these figures represent a very substantial reduction as compared with those cited in Fig. 18. The savings are accomplished by the use of school facilities, school administrative services, school custodial and cooking services, etc. There is also a proposed reduction in adult-child ratio in some instances. This is deemed possible on the basis of the flexible structuring and organization of the program.

Using the formula shown above, we can make the following projections for the 1721 children to be served by the expanded all-schools program we are proposing, as follows:

Figure 20 - Costs projected for proposed expanded Early Learning Center child care program

Program	Projected Enrollment	Cost per* child	Total
Full-time pre-school program (240 days)	578	$2,600	$1,482,800
Extended Day Care (240 days)	555	1,155	641,025
Part-time pre-school program (175 days)	588	769	462,172
Totals	1,721		$2,585,997

As shown on p. 92, the present program serves 725 children, only 285 of them in full or extended day programs, and costs $1,250,849. The program we are proposing will serve 1,721 children, 1133 of them in full and extended day programs, and will cost $2,585,997. This means that for double the cost, it will be possible to serve four times as many children of working parents in "full coverage" programs. These "full coverage" programs (all day nursery schools and extended day care) are generally the most expensive programs to provide - and the ones which the study has shown to be the most sorely needed.

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*Based on the budget developed for one school-based program (p. 94), and projected to the estimated enrollment to be served by all Early Learning Centers programs.

The costs we have been discussing are projected from the budget developed for one school-based program. As the program is expanded further in the direction we have proposed, a still greater savings can be effected as follows: The current staff - highly qualified and highly paid - can be spread more thinly and aides can be employed to fill the vacancies which expansion will create. Ultimately, we would hope for each program to be staffed by a team of professionals and aides, with more aides than professionally-trained teachers on each staff. This staffing pattern would help to guarantee diversity among the staff members and it would contribute to the creation of additional career opportunities for the citizens of Berkeley. There must, of course, be a provision for salary increments for those who continue to work as aides and promotional opportunities for those who get additional training. An expanding program would provide these promotional opportunities.

Implementation

Spread over a five-year period, as proposed, it seems realistic to expect this program to be implemented by the school district.

The thinking of Planning Unit members, based on the findings, has essentially confirmed and reinforced the program plans of the professional staff within the Department of Early Childhood Education and the Berkeley Unified School District. This convergence is indicative of the validity of the plans. What, then, is necessary to bring these plans to fruition?

1. Commitment on the part of the administration and Berkeley Board of Education to the concept of pre-school education and child care services for all who need or want them as essential and valid components of the total educational process.

2. A conscientious effort on the part of the Department of Early Childhood Education to effect economies without sacrificing quality, so that parent fees and state and federal contributions will more nearly cover the cost of operations and thus "stretch" the local share to provide services for more children. (As has been shown, the budget figures for the Early Learning Center models, if they are confirmed in practice, approach this goal.)

3. A basic commitment on the part of both the schools and parents to make the concept of shared control a reality. Parent control must include a decision-making function in relation to all fundamental program issues - program content, policies and staff. An effective vehicle for accomplishing this goal must be developed at every center.

4. A high degree of involvement on the part of parents and interested citizens in securing implementation and offering direct help in such efforts as school ground rehabilitation, on-going planning, volunteer assistance, etc.

5. A commitment to regularly evaluate programs as a basis for change and improvement. Evaluations should include both "in house" methods and the employment of outside firms, with parents participating in the establishment of criteria.

6. Retention of the local child care over-ride tax on the same level as in 1969-70, so that federal funds can be used to expand services, and, in subsequent years, a willingness to increase this tax as needed to move ahead with systematic expansion. In addition, the school distict must work with the community in seeking to increase the state and federal contributions to pre-school education, Children's Centers, and other child care programs.

7. Detailed planning with school personnel in preparation for the changeover to Early Learning Centers by staff of the Department of Early Childhood Education and the school administrative and program development staffs.

8. Cooperation with the South Berkeley Model Cities Neighborhood Council in the detailed development of plans for an Early Learning Center in that area.

The schools have the buildings, the expertise, the responsibility for educating all children, and access to most of the sources of money needed to do the job: the over-ride tax for child care; state funds for Children's Centers; ADA reimbursement for adult hours spent in parent participation nursery schools; 1331 funds and federal 3:1 matching funds.

Nevertheless, responsibility for children is not solely the province of the schools. While schools must play their role in both administration and funding, the city also has a responsibility for participating in the provision of these services. Several specific proposals related to other aspects of child care are primarily directed to the city for funding. The city must also be encouraged to greatly increase the school-based recreation program (at city expense) and to contribute financially to the school administered child care programs. In addition, we strongly recommend that, when park lands are acquired and improved as part of the city's capital improvement program, the city include the building of facilities for child care as part of the development of all parks adjacent to public schools.

A final word must be said in relation to the continued role of proprietary and private non-profit nursery school programs. Even if the above plan is implemented in full over the next five years, it will accommodate only about one-third of all the nursery school age children in Berkeley. Some of the others will be cared for by sitters in their own homes and some in family day care homes; but there will still be a sizable portion who will participate in private programs because these programs have special approaches to curricula, because they express special educational or personal ideals or goals, or because some parents prefer not to participate. Since parents will be expected to pay for care in school-sponsored programs, these programs will not be unfairly competitive with private care on a cost basis. At present, as in the past, on all levels of education, private schools offering quality programs have successfully attracted pupils. This situation can be expected to continue to operate in the pre-school educational area as well.

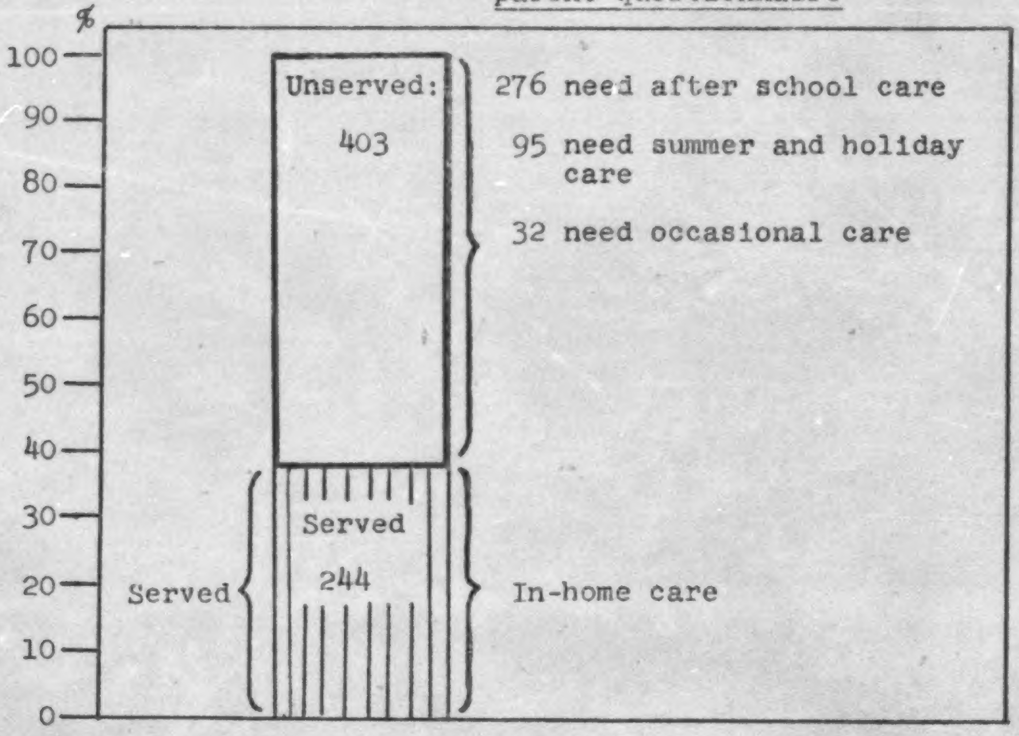
CHILD CARE FOR UPPER ELEMENTARY CHILDREN

I. Documentation of Need

> "Kid in the park
> Playing in the trees
> Kid in the park
> Listening to the breeze
> Kid feeling lonely
> Not having fun
> Wishing he had someone."
>
> Leslie King, age 9
> "From Children With Love"
> Columbus School, Berkeley
> 1969-70

All too many 9 to 12 year olds in Berkeley are without "someone"...

Figure 21 - Proportion of children between the ages of 9 and 12 who are served and unserved, based on parent questionnaire



Two hundred families (with a total of 403 children between the ages of 9 and 12) have needs which are not now being met. This is nearly twice the number who are receiving services and underscores the critical lack of child care facilities for children in this age group.

Of the 276 children who are in immediate need of after school care, 76% are currently without care of any type while their parents work or attend school. These parents have expressed great concern about what happens to their children from the time school lets out until the parents return from work.

The parents of an additional 190 children expressed concern about their lack of adequate child care arrangements but did not specifically state that they had unmet needs. The Planning Unit members felt that this reflected a lack of expectation for service (deriving from the fact that no group services exist for this age group), rather than a lack of need.

Finally, it should be noted that 47% of those utilizing sitters are not fully satisfied with their present arrangements and would prefer an enriched and well-supervised after-school group program.

To summarize: we know that a minimum of 276 children need after-school care immediately, and we can estimate that as many as 305 additional children might utilize such services if they became available. No group child care now exists for children in the 9-12 age group, and the need is extremely pressing.

The urgency of the problem is highlighted by "Offspring", a cooperative nursery magazine, which asks: "Where will society focus its energies? On remedial programs after the damage has been done or on the types of programs which are truly preventive?" The years between 9 and 12 are the crucial pre-adolescent years. We believe the time for preventive action is now.

RECOMMENDATIONS

We recommend the immediate development of after-school child care programs for children between the ages of 9 and 12 who are attending intermediate schools (fourth through sixth grades). At the present time, the only forms of activity and child care for children in this age range are: 1) loosely structured recreational programs, and 2) "baby sitting" services. The former does not provide real supervision - participants are free to come and go and there is no one responsible for knowing their whereabouts at all times - and the latter offers none of the enrichment which is so vital to the active minds and bodies of children in this age group.

No programs offering both enrichment and real supervision are now available in Berkeley. With the dearth of caring, nurturing and enriching experiences for children in these formative years, social and emotional problems are bound to result.

Providing quality care is a necessity for the children and the community, as well as a service to the parents. Children learn from all their experiences, and the type of after-school activities in which children participate can contribute to, or detract from, their ability to utilize the in-school educational experience. Society will benefit from the provision of programs which encourage the development of positive self-image and constructive activity, rather than leaving the children to engage in vandalism and other destructive behavior.

The program should provide two main services:

1. For the child, there is need for a meaningful, stimulating and well-supervised program, which is flexible enough to allow for the freedom that a child of this age requires.

2. For the parent, there is need to know that a responsible adult is aware of the child's whereabouts and activities at all times.

A. Location

We recommend the use of school buildings and grounds for the implementation of this recommendation.* These facilities have the space for the variety of program activities required - a cafeteria for food and indoor sports; an auditorium for films and drama; rooms for art, photography, music, etc.; a library for reading and story-telling; rooms which can provide a "home base" environment for talking with staff and relaxing; a playground for active sports; and, ultimately, we hope, adjoining parks. At present, these facilities are virtually unused after school hours.

Use of the schools which the children normally attend will aid in the extension of the Berkeley Unified School District integration program to after-school social and recreational activities. And the positive association with the school which the child enjoys in the after-school hours will carry over to the in-school hours.

Finally, by opening up the schools, under proper supervision, we could begin to develop these valuable facilities as community centers, making them a vital and relevant part of the communities they serve. We hope that we may begin to move in the direction of the Lighted School House** approach, with the schools

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* This recommendation is consistent with the "Whipperman plan" supported by the Berkeley Unified School District, the Department of Parks and Recreation, the Berkeley Health Department and the City of Berkeley in 1967. Like the earlier proposal, it provides for care without capital outlay and makes effective use of the after-school recreation programs which the Recreation Dept. now conducts on school playgrounds. Its implementation is specifically enabled by state legislation (AB 1152, Miller, passed July, 1969).

**The concept of the Lighted School House was pioneered in Flint, Michigan. Literature describing that program states: "The traditional role of the neighborhood school is expanded from that of a formal learning center for the young operating 6 hours a day, 5 days a week, 39 weeks a year, to a total community Opportunity Center for young and old operating virtually around-the-clock, around-the-year. ...The traditional school, operating six hours a day...is a luxury this era cannot afford."

B. Staff

Based on the estimate of 60 children requiring child care in each of the intermediate schools, we recommend that two special after-school child care teachers be employed. Teachers who are regularly employed within the school should have the first opportunity to apply for after-school positions - they know the children, they are highly qualified, and the rooms to be used are part of their school. The experience of the Recreation Department leads us to believe that there will be a sufficient number of qualified applicants for these positions at the proposed rate of $3.50 per hour. These staff members will have primary responsibility for knowing where the children are and maintaining a close, nurturing relationship with them. They will also coordinate the program and plan for special enrichment activities. (Provision for substitutes will also have to be made.)

In addition, a library aide will be employed to work in the library during after-school hours and provide special story-telling and other activities associated with books (the possibility that the Berkeley Public Library will supply such a person as part of their outreach effort, for at least part of the day, should be explored). The regular recreation personnel already serving on the playground of each school, will be valuable additions to the staff team. Counting teachers, the library aide and recreation personnel, the staff-pupil ratio will be 1:12.

We hope that recreation specialists can also be provided for a variety of special programs. The possibility of involving Workreation and Neighborhood Youth Corps workers should be investigated, and an active effort should be made to recruit volunteers (high school and college students as well as adults) for additional enrichment activities. The teachers, library aide, recreation and other personnel would function together as a team, with regular staff meetings and joint planning.

Since the program will be housed in the schools and will be utilizing school personnel as a major part of the staff, we are assuming that the schools will supply administrative and custodial services without cost to the program. This assumption is based on our belief that the advantages to the schools - good care for their children and a reduction in vandalism - will be seen to outweigh the imposition and therefore justify the additional burden which we are asking them to assume.

C. Eligibility

The program will be open to all children enrolled in the school who are in need of child care services, regardless of parents' income or other factors. Children will generally be enrolled by their parents to participate on a regular, daily basis. In addition, several spaces will be reserved for occasional use; in this situation, the parent will be required to call in ahead to reserve a space for one or several afternoons and will be accommodated as space permits.

D. Fees

"Regulars" will sign children up for a maximum rate of about $4 per week for after-school care and $4 per day for holiday and summer full-time care. For those of low income, or with several children, the fee would be determined on a sliding scale, up to the maximum rate cited above. Where children use the program on an occasional basis, a maximum per hour fee of 35¢ would be charged. It may also be necessary to consider setting a small fee for children who are not enrolled by their parents but who elect to participate in such special programs as trips, swimming, etc. (these children would probably also need parental permission slips for such away-from-school activities).

E. Program

Each child will be regularly assigned to a child care teacher. After checking in with this teacher, the children will have snacks and an opportunity for relaxed and informal conversation. The children will then be free to participate in any of the programs offered at the school, to visit friends, or to go the the "Y", Scouts, music lessons, or other pre-arranged activities. The goal is to provide maximum freedom within the limits of responsible supervision - there will always be someone who knows where each child is.

In cooperation with the recreation staff and volunteers, a full range of activities should be offered. Sports, arts and crafts, music, dance, science, drama, cooking and snack preparation, a tutoring program, stories, puppets, a rock hound club, a bicycle repair club, and other programs with special appeal for this age group, were suggested by the Planning Unit members. In addition, community facilities should be utilized as fully as possible (e.g., swimming at one of the secondary schools, boating at Aquatic Park, visiting the aquarium, camping at Tilden, etc. These activities would be of special importance during the summer full-day program, and it is hoped that a mini-bus could be provided for special trips.

With respect to all of the program activities, the children should be free to participate or not as they choose. There must also be continuous recognition of the need which many children have for periods of privacy and quiet, and, in particular, there must be ready access to the special child care teachers when the children need to talk or be nurtured.

F. Summary

The program which we have outlined has several special advantages: First, if each of the four intermediate schools develops a program for 60 children, it will be possible to immediately accommodate all of the children who have been identified as being in urgent need of service (it is anticipated that offering these programs will serve to uncover a still greater need; in that event, both the number of "home base" teachers and the number of enrollees can be increased, without changing the hourly cost per child). Second, the service will be available to all who wish to utilize it - on a sliding fee basis for those with low income and on a full-cost basis for those able to afford it. No public day care program in Berkeley is presently available on this basis.

We believe that such a program will offer the services needed by the children and their parents; we believe that such a program will produce vast benefits for the schools and the community; we believe that such a program can and must be implemented immediately.

Weekly Budget: After-school Program - at one school

Administrative and custodial costs (assumed by host school)	$ --
2 child care teachers $3.50/hr., 15 hrs/wk.	$ 105.00
Librarian Aide $2.50/hr., 15 hrs/wk.	37.50
Fringe benefits	20.00
Transportation: Can be provided by school bus without charge if the present schedule is readjusted so that there are no additional runs needed (at present bus trips are scheduled for 2:30, 3:30, and 4:30. We are suggesting that this be changed to 2:30, 4:00 and 5:30 at no extra cost to the program)	$ --
Snack 12¢ per child per day (We are informed by the school nutritionist that this amount would purchase milk and cheese or peanut butter plus an orange or carrot stick. Additional sources of food might need to be investigated if this proves inadequate for 9-12 year old appetites)	$ 36.00
Recreation staff (already paid for)	$ --
Neighborhood Youth Corps and Workreation workers (to be explored)	$??
Volunteers (to be recruited through School Resource. Volunteers)	$ --
Supplies and Miscellaneous (including reimbursement to volunteers for transportation costs, if needed)	$ 50.00
Total per week at one school	$ 248.50
Less estimated fees (average of $2/wk per child for 60 children)	$ 120.00
Deficit at each school each week	$ 128.50
Weekly deficit for four schools	$ 514.00
Total annual deficit for after-school care for 240 children (35 weeks)	$17,990.00

The actual cost per child per hour is 35¢*. An enrollment of sixty children at each school, at the full fee of $4.00 per child per week, would cover the full cost of the program. However, we have stipulated that parents would be charged on a sliding fee basis. If we therefore assume that the average of fees collected will be only $2.00 per child per week, as shown above, the full cost to the community would be approximately $18,000 for after-school programs serving 240 children. This is a tremendous amount of service at unprecedentedly low cost.

In addition, the possibility of securing state and federal reimbursement for a portion of these costs should be thoroughly investigated (Children's Center funds may be used for children through age 16). Since that is a time-consuming process, and the need is urgent now, we propose that the program be begun immediately utilizing local funds. Exploration of additional funding sources should be undertaken after the program is in operation and with particular reference to securing funds for the more expensive summer program, which is roughly budgeted below:

Estimated Daily Budget: For 11-hour-a-day care at one school (65 days during summer and holidays)

Basic employed staff (2 child care teachers on duty every hour for an 11 hr. day $3.50/hr)	$ 77.00
Library Aide (8 hours $2.50/hr.)	$ 20.00
Fringe benefits	$ 20.00
Bus ($15 per run for 2 runs)	$ 30.00
Food and food preparation ($60), custodian ($30)	$ 90.00
Equipment, supplies, bus for special trips, etc.	$ 23.00
Administration, recreation personnel and volunteers (to be provided without added cost)	--
Estimated daily total	$260.00

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*This program can operate for 35¢ per hour because it builds on what we already have - the school buildings which would otherwise be unused; the administrative, custodial, and transportation costs which are already paid by the school budget; and the recreation personnel who are already assigned to school playgrounds.

Estimated cost at four schools for 65 days per year..........................	$ 67,600.00
Less estimated average parent fees at $2.00 per day per child	31,200.00
Estimated deficit for summer and holiday care for 240 children	$ 36,400.00

An enrollment of 240 children at $4.00 per day would almost cover the full cost of the program. The number of children who will need to be enrolled at less than the full fee cannot be determined at this time, but we hope that the fees will cover approximately half of the cost. If the after-school program is begun in the Fall of 1970, we will have the experience of the school year for refining this full-time budget and making accurate estimates of subsidies required prior to the inception of the full-time program for the summer of 1971.

CARE OF THE SICK CHILD

I. Documentation of Need

The following chart shows the responses of parents to the question, "What do you do about child care if a child is ill?"

Figure 22 - Parent Questionnaire responses regarding arrangements made for care of sick child

Response	%	Totals
Stay home	63%	83% have no adequate solution
Don't know what to do	17%	
Leave child alone or with siblings	3%	
Leave with sitter	12%	17% have an adequate solution
Leave with relatives or friends	5%	

If we estimate an average of five sick days per child per year (based on the study findings) we can project a figure of 10,000 work days lost each year due to children's illnesses in Berkeley alone. Clearly, this is a staggering problem - an economic problem for employers, a hardship for the parent who must stay home and lose a day's pay, and a source of serious jeopardy to the employment of women.

In addition, we note from the above chart that 3% of the children are left alone or with siblings. This relatively small percentage represents approximately 220 children - a significant number when we realize the potential hazards, both physical and emotional, to a young child left alone or with a slightly older child. And it means numerous older children are being kept home from school to care for younger brothers and sisters.

From the study of licensed day care operators, we found that slightly over half were able to serve a child who was ill. The remaining licensed day care operators and all group programs exclude a child who is ill. The only existing solution at the present time is a sitter, friend or relative - if the mother can afford it and if a reliable person can be found on short notice. As seen in the chart above, this solution was available to only 17% of the respondents. What, then, can be done to help alleviate this serious problem for the remaining 83%?

II. Recommendations

1. It is recommended that group programs extend the use of "sick bay" to include children who are convalescing or mildly ill. Both the state guidelines and the Federal Inter-Agency Requirements stipulate that there must be "space for isolation of the child who becomes ill, to provide him with quiet and rest and reduce the risk of infection or contagion to others". Since such an isolated area must be provided, and since a child with a runny nose, on the third day of a cold, represents less hazard to the other children in a group program than a symptom-free child who is about to develop a strep throat or other viral infection - it seems reasonable to permit mildly ill children to attend their regular group care programs.

2. It is strongly recommended that all programs - centers and licensed day care homes - encourage preventive medicine through requiring immunizations prior to admission. Legislation is now pending (SB 237, Petris) which "would require evidence of immunization against communicable diseases to be specified by the State Department of Public Health for admittance to a public child care center, day nursery, nursery school, or elementary or secondary school." We support this legislation and feel it should be applicable to licensed day care homes as well. In addition, all persons caring for children should have access to information about where immunizations can be secured without cost, so that parents will be helped to conform to these requirements, rather than penalized for failing to do so.

3. We recommend the development of a new program of

homemakers to care for sick children.* When a child is acutely ill, the parent will generally choose to remain at home; when the child is virtually recovered, we are recommending that provision be made for him to be cared for in his usual child care situation. The problems that still remain include the child with a lingering illness requiring quarantine, the child who is still feeling too ill to return to his regular program, and the child with a fresh cold, stomach upset or other minor illness in the highly contagious stage. Under these circumstances, the provision of group care would necessitate conditions to guarantee non-contagion - such a program would be prohibitively expensive, as well as being inappropriate in a situation where maximum rest and minimum upheaval in the child's life are the goals.

The best solution, from the standpoint of economy, excellent care for the child, efficiency, and peace of mind of the mother, would seem to be the provision of homemakers - trained and with medical back-up services available - who could come into the home on short notice and provide care for the child.

A. Homemaker Services for Sick Children

1. Administration

It is proposed that a program of Homemaker Services for Sick Children be administered by the Berkeley Health Department for the following reasons:

a. Access to medical personnel for back-up services is a primary requisite to the provision of excellent health care. A homemaker functioning within the Health

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*A similar program was suggested in 1967 by the Community Organization Project for Daytime Care of Young Children, an ad hoc organization of professional representatives from the City of Berkeley Health Department, Mental Health, Berkeley Unified School District and EOO. This group identified care for the sick child as a top priority need and suggested a number of program possibilities, including one involving "home health aides". None of the suggested programs were realized at that time.

Department would have an opportunity to participate in in-service training sessions, a relationship with the nursing and mental health staffs which would make it possible for her to raise questions in connection with on-the-job experiences, and direct access to the District Nurse if a situation arose in the home which caused her concern about the nature or course of a child's illness.

b. The Berkeley Health Department is already engaged in a number of programs utilizing health aides, and, for this reason, is an ideal position to develop a program with a potential for the career development of persons employed as homemakers for sick children.

c. Since this would be a pilot program and would be relatively small in size, it is highly desirable to incorporate it into an existing program in order to avoid duplication of administrative costs.

d. The homemaker could serve as a valuable outreach link into the community for the health department - in her contacts with families, she could share information about immunization, well-baby clinics, and other services available to families through the health department. In this fashion, she could serve as part of the health department's emphasis on preventive medicine. Further, her role in offering the best possible care of the sick child is itself a preventive one - access to this program would discourage parents from making inadequate make-shift arrangements, or sending the child back to his regular program too soon, and, in this way, would prevent secondary infections and the onset of more serious illnesses.

2. Description of the Program

The program is conceived as a central "switchboard and dispatch" operation. The parent needing care for a sick child calls in and states her situation and the hours when care is needed, and the person who takes the call contacts a homemaker (one of a group who is standing by) and arranges for her to go to the home and care for the child. A similar type of service is currently available in specially-defined situations through homemaker services operated by public or voluntary non-profit agencies, but there is no homemaker service in this area (or elsewhere, to our knowledge) which offers care for the sick child in order that the mother may meet her employment or school commitments. The concept is, however, consistent with most recent thinking in the homemaker-health aide field. A report on Home Care Services, published in Feb., 1970, by the Bay Area Social Planning Council, recommends "provision of homemaker services for children, as well as the required homemaker services for adults" and indicates that the function of such service should be to "strengthen and safeguard the care of children and the functioning of dependent, physically or emotionally ill or handicapped children..."

3. Eligibility

The service should be available to any parent, regardless of income, who needs to go to work, school or other essential activity and has no provision for care of a sick child in his or her absence - this would include children who normally attend elementary school or are cared for in group programs or day care homes when they are too ill or too contagious to participate in these programs; children who are generally cared for by a sitter (if the child is ill and the sitting arrangement breaks down); and similar situations. In addition, the homemaker could provide help and relief for a licensed day care operator who is ill. Since it will not always be possible to respond to every call, a system of priorities may need to be devised, perhaps on an age basis.

4. Qualification and Size of Staff

Since it is intended that every homemaker will receive training prior to beginning work and in-service training and professional back-up once she has begun to work, there need be no educational requirements beyond literacy. Primary criteria for selection should include: concern for children, experience in caring for children, personal warmth, capability for providing "mothering," flexibility, willingness to deal with conditions of physical illness, ability to function independently, and physical and emotional health. For some, the homemaker position may serve as the entry level on a career development ladder and, as such, has the additional advantage of providing career opportunities as well as needed service.

It is suggested that the program be begun with a staff of five homemakers, each employed with the guarantee of 30 hours of work each week. All of the homemakers would be available on a standby basis and could work more than the minimum guarantee if requests for their services required this. In addition to serving in people's homes, it is proposed that the homemakers be responsive to calls from licensed day care operators and children's centers (to provide companionship and care for children in those programs who are isolated due to illness), and that they participate in varied aspects of health department activities. A further function which eventually might be performed, if the program expands and the insurance and administrative details can be worked out, would be to respond to calls from schools to take a sick child home and stay with him if the parent either cannot be reached or cannot return home immediately. Staff duties in the home would be primarily related to personal care of the child and would entail only such household tasks as are clearly necessary in the performance of this function (e.g., straightening the child's room, changing the child's bedding and preparing food for the child). No medical treatment beyond that normally provided by the parent will be given by the homemakers. Should the homemaker be concerned about the child's condition, she will contact the parent, the District Nurse, or the child's doctor (it would be necessary to develop a standard form which the parent could complete, authorizing the homemaker to seek appropriate medical care from the child's doctor or from a hospital, if the need for such care arises in the parent's absence).

5. Training

Training would be provided by the staff of the Health Department, perhaps in conjunction with the training program for In-Home Workers to be offered through Adult Education. In addition to a preparatory course, on-going in-service training of the type which is already available within the health department for health aides is essential - to the performance of their duties and to their promotional potential. A portion of paid time should be allocated to staff meetings and other in-service training programs.

6. Wages, Costs and Fees

At the present time, Health Aides in the Health Department earn $2.80 an hour, and Social Planning Aides earn $2.45 an hour. It is proposed that homemakers for sick children begin at the lower figure, with the expectation of moving up a promotional ladder, or receiving regular salary increments if they continue as homemakers.

It is hoped that overhead and administrative costs can be kept at a minimum through the incorporation of this program into existing health department programs and with the assistance of the Office of Community Child Care (covering the phone during certain hours and perhaps aiding in the collection of fees). However, some special provision must be made for handling the "switchboard", coordination and record-keeping. A relatively small amount is being budgeted for these functions and it is anticipated that a non-professional person can handle this position, with a minimum of supervision from a professional person already employed with the Health Department.

The total cost of providing the homemaker service for sick children can be estimated at approximately $4.00*per hour. This would constitute a prohibitive cost for most of the persons needing the service, and it is therefore recommended that fees be based on ability to pay rather than actual program costs. Perhaps a simple formula could be worked out (e.g., a percentage of the mother's gross pay for the day in the case of a working mother), so that little time would need to be spent on the determination of fees in each case. The remainder of the cost would be paid from a community child care fund, with supplementary funds possible from manpower development programs and/or federal 3:1 funds under Title IV- A, which gives broad authorization for "the care, protection, and development of children" where parents work.

Annual Budget: Homemaker Services for Sick Children

(Preliminary Budget - details to be work out by administering agency)

Salaries - 5 Homemakers, 30 hours each per week $2.45/hr.	$ 19,110.00
Coordinator**................................	7,500.00
Fringe benefits (at 10%)	2,661.00
Training (through Health Dept. and/or Adult Education	--
Overhead, phones, etc. (in addition to that contributed by the Health Dept.)	2,000.00
Total cost per year	$ 31,271.00
Less Fees (estimated average of $1.00/hr. for 5,500 hours per yr.)	5,500.00
Anticipated total annual deficit	$ 25,771.00

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* Existing homemaker services in the area estimate their costs at more than $5.00 per hour so it would seem unrealistic to hope for less than the $4.00 per hour cost.

** We anticipate that a professional staff member of the administering agency will supervise this non-professional position without additional charge to the program of Homemaker Services for Sick Children.

ADDITIONAL PROPOSALS FOR SERVICES

I. Drop-In Center

This type of program - commonly referred to as a "Kiddie Korral" - was seen as a desirable and easy-to-implement approach to meeting the needs of parents for occasional care for their children while they shop, go to the doctor or attend to other errands. Such a program could be offered in a location convenient to downtown, with the provision that children be left for a short period (limited perhaps to four hours, once a week) while the mother was shopping or attending to errands.

This center would be staffed by warm, flexible and responsible persons. While no academic credentials need be required, it is essential that staff members have some training and experience in the care of children. At least two staff members should be on duty at all times. The facility would need to have ample space, equipment for a variety of ages (including cribs, play tables, sand boxes, etc.) and a good supply of enrichment materials.

The maximum number of children to be served at any one time would be determined by the size of the facility and the size and capability of the staff, with no more than 10 children per adult at any time.

Cost of the operation of the program could be covered by parent fees and a subsidy from the business and professional people who elect to participate in the program. Something comparable to parking validations could be utilized, limiting the services to persons shopping in the stores or visiting the doctors who participate in the support of the program. Such a program would be advantageous to the participating businesses and professionals (encouraging parents with young children to shop in downtown Berkeley), advantageous to the children who would be cared for in congenial surroundings instead of being "dragged around" by shopping mothers, and, certainly, a welcome relief for mothers.

Similar programs might be developed in medical centers and other places where mothers with young children require short-time care for their children.

II. The Role of Industry and Business

In many communities and in many industries, there is a growing realization that businesses which employ large numbers of mothers of young children have a vital stake in providing child care. A recent Department of Labor study on child care in hospitals showed that: Of 2,000 hospitals studied, 98 were providing child care for their employees and 500 more were interested in doing so. Numerous comments were received to the effect that "the nursery not only attracts personnel, but increases tenure and lessens absenteeism." Several respondent hospitals mentioned successful alternatives to operating nurseries, including arrangements with local day care centers where the hospital paid half of the cost of caring for the children of their employees.

In Berkeley, the "industries" which employ the largest numbers of mothers are the University, the schools, hospitals, and the city. In addition, we have numerous retail businesses and local industries which employ mothers of young children. The University is just beginning to acknowledge its responsibility for providing care for the children of both students and employees. They need to be encouraged to do a great deal more.

As for the other industries, the Planning Units considered the desirability of working with businesses and industries to develop programs individually or in groups. Any such programs would, of course, be a welcome addition to the constellation of services within the community. In general, however, it was felt that industries might best meet the child care needs of their employees by contributing to existing and proposed child care services - perhaps in proportion to the size of their work force. It is hoped that unions would also share in making such contributions. This approach would have the following merits:

1) it would strengthen all programs already in existence,

2) it would keep program operations in the hands of those who specialize in this area and eliminate the necessity of businesses getting involved in a field far removed from their regular business, and

3) it would make it possible for all "industries" to participate, including those too small to warrant the development of a full-scale program for their own employees.

It is recommended that the 4-C's Policy Committee consider convening a conference of all Berkeley industries and businesses to explore ways in which they might contribute to the child care needs of their employees. Clearly explicit documentation of the economic advantages to employers must first be developed.

III. Care of Handicapped Children

Throughout this report, reference is made to the inclusion of all children in the proposed child care programs. While it is not always explicitly stated, the intent is to assure the integration of handicapped children - physically, mentally and emotionally - into "regular" programs, wherever possible. The provision of adequate social work and other special supportive services should increase the capability of such regular programs to meet the special needs of handicapped children.

In addition, however, it is recognized that some children may need care in specialized programs before they are ready to participate in regular programs. Berkeley does have a nursery program for the care of mentally retarded children, but there is no program for the care of emotionally disturbed pre-school children. We are pleased to note that the Family Service of Berkeley is considering the possibility of developing such a program, and we strongly support such a move, particularly under the auspices of this agency which has special expertise in mental health. The possibility of securing Short-Doyle funds and/or Federal Community Mental Health Funds, as well as Federal 3:1 matching money, should be investigated.

IV. Private Child Care Programs

Special mention must be made of the role of all private child care programs - both non-profit and proprietary. Most of these programs are listed in the Directory of Services which is appended. In addition, there is considerable interest in the formation of small, informal neighborhood cooperatives and play groups (typically involving about five children, with the mothers taking turns in caring for all of the children).

These private programs - structured or informal - are all vitally necessary to help meet the needs which have been identified. They add to the diversity which is essential if we are to accommodate the widely varying needs of different children and their families. In addition, the generally small size and independence of private programs enables them to be innovative in their programming.

The community must offer full support to every group which is interested in developing quality child care programs. The inclusion of private programs in the recommended 4-C's Policy Board and access tothe services of the Office of Community Child Care are two ways of offering such support. In addition, we need to explore the means of developing scholarship funds for those who wish to utilize private programs but are unable to afford the fees without aid.

V. Other Suggestions

A number of other items were suggested for further exploration and consideration:

A. Two suggestions made in the 1969 Report of the Committee on Child Care, as follows:

> "1. In issuing building permits for new housing construction, the City should require that the developer set aside space for children's play - a protected rooftop, penthouse playroom, etc., just as city requlations now require off-street parking space allowance.
>
> "2. The Bay Area Rapid Transit District air rights at the North Berkeley and Ashby Place stations should not be leased or sold by the City without requiring the developer to allot space for Children's Centers at those locations."

B. The possibility of involving senior citizens in child care programs under the Foster Grandparent Program. This program utilizes federal funds (Economic Opportunity Act of 1964, as amended 1967, Title I, Section 123) to recruit and train low-income persons over 60 years of age to serve "neglected and deprived" children who lack close personal relationships with adults.

C. Encouragement of a national alternative to welfare which would make it possible for mothers to remain at home and care for their own children if they so desire.

D. Efforts to up-grade the status and wages of in-home workers so that more child-oriented people would see this as a worthwhile career.

E. Exploration of the possibility of engaging in a profit-making business (for example, the making of toys and playground equipment) as a means of securing funds for child care. Considerable investigation would be required to determine the feasibility and possible auspices of such a venture.

MANPOWER TRAINING

I. INTRODUCTION

We are fortunate in having numerous excellent educational programs in the field of early childhood education available through the University of California, Merritt College, Cal State at Hayward, Chabot, and other colleges. All of these programs are, however, primarily directed toward preparation for professional employment in nursery schools and child care group programs.

With the vast number of children being cared for in homes, with the need to recruit more licensed day care homes, with the development of a proposal for a new program utilizing homemakers for the care of sick children in their homes, there was concensus that a program specially designed to meet the educational needs of "in home" child care workers, was vitally needed.

It is recommended that a committee comprised of representatives from the Berkeley Unified School District Adult Education Department, the Department of Early Childhood Education, Alameda County Welfare Department, the City of Berkeley Health Department, and potential enrollees, meet together either independently or as a sub-committee of the 4-C's Policy Committee, to develop a detailed curriculum for this course. The following proposal is offered as a guide to this committee:

A. Purpose: To establish a program of vocational training which would provide:

1. A "refresher course" for currently licensed day care operators.

2. An educational and/or "in service" training program for potential licensed day care operators, either with or without previous child care experience.

3. An orientation and training program for the special homemakers for sick children.

4. An opportunity for "in-the-parents'-home" child care workers (live-in, daily and occasional) to up-grade their child care skills.

B. Program

The program would be offered by an educational institution, preferably the Berkeley Adult School, and would be open to all adults with a sincere interest in children, without regard to prior educational background. The program would last for one semester (approximately 15 weeks) and would consist of three aspects: a) Weekly educational and discussion meetings, b) "in-service" training, and c) on-site observation of child care techniques.

a) Weekly Educational and Discussion Meetings

These weekly meetings would be held in the evenings and would be led by the Training Supervisor, a person academically qualified in early childhood education and/or developmental psychology. Throughout the whole program, however, the emphasis will be upon what the participants can learn from each other; the Training Supervisor will bring in resource people, material from research findings and suggest books and pamphlets to read, but will not be the only "teacher". Part of each meeting would consist of an open presentation of a topic in which the Training Supervisor or resource person presents "basics" in child psychology for the benefit of those without child care experience and brings in additional "new" material which will serve as a refresher, giving new research findings and child care techniques to the experienced workers. The second portion of the sessions will consist of discussions in which the experienced day care mothers will share their knowledge and experiences with one another and with the potential child care workers. Each participant will be a "teacher" and a "student".

Some of the topics to be covered during these sessions could include:

1. Ages and stages of development.
2. How to communicate with children.
3. Responding to individual differences.
4. Approaches to discipline.
5. Interrelationship of physical, intellectual and social growth.
6. Meeting the emotional needs of children and infants.

7. Cognitive (intellectual) stimulation and development.

8. Program ideas - arts and crafts, toys and equipment, stories, music, etc.

9. Symptoms of illness and practical information needed to care for sick children.

10. How to record a child's growth and development.

11. Information about community resources - Health Dept. programs, the library, recreation facilities, etc.

12. How to work out practical (money) problems of family day care.

13. How to relate to the parents and to the social welfare agency.

b) In-Service Training

This portion of the program would be discretionary, to be worked out by the Training Supervisor and "students" in relation to the individual's background and needs. Only those licensed day care operators who desire it would have an in-service trainee placed in their homes. In addition, not all the unlicensed participants would become trainees - only those who have had little or no experience in working with children would need to participate in the in-service training.

The trainees would be placed in a day care home only after they had completed five weeks of the educational discussion. With the consent of the day care operator, the Training Supervisor would assign the trainee to a home where she/he would then be under the direct supervision of the day care operator. Probably each "in-service" trainee would serve in two or more homes so that she/he could learn from at least two different home care environments. While in the home, the trainee would be an aid to the day care operator and would have to follow her principles of discipline, guidance, chores, etc., but it would also be expected that the trainee have a definite time each day to work closely with the children. Any problems would be handled by the Training Supervisor, who might change a trainee's placement, if necessary. A cooperative arrangement could be worked out among the trainees to provide care for each other's children during the in-service training period.

c) Observation of Child Care Techniques

During the latter portion of the course, every student would have the opportunity to visit a variety of local child care centers and licensed family homes. Since these "field trips" would take place during the day, those already engaged in full-time child care would arrange to have an "in-service" trainee take over their responsibilities with the children during the hours they spend observing. The observation program would give experienced day care operators the chance to see others' ideas in practice and would give the trainees a variety of concrete examples of how the principles discussed in the educational sessions are applied. Those observing could see, for example, how an experienced teacher or day care mother handles an emotional upset in a child or how she informally teaches children pre-school skills. In addition, the trainees who "substitute" for day care operators would have the opportunity to experience full responsibility for the care of groups of children. Trainees would undertake this responsibility for only part of the day and only after having both classroom and in-service training; even then, permission should be obtained from the parents of the children involved.

In cases where it is impossible for a participant to travel to another place, or where a center is located too far away to visit, a film presentation could be made. In addition, these observations would not be made by the group as a whole: one or two participants would go together each day, so that the observation visits would be staggered and would not disrupt the situation being observed. Each participant could then share her/his observation experiences with the others in the discussion sessions.

C. Certification

It is suggested that the Committee consider the possibility of developing a special letter or certificate stating that a participant has successfully completed the course and is qualified to undertake child care responsibilities.

D. Staff

The Training Supervisor should be academically qualified in early childhood education and/or child psychology and affiliated with the Berkeley Adult School.

The duties of the job would include:

1) participation in the educational discussion sessions as outlined above;
2) arranging for field observations at local nursery schools and at licensed day care homes, possibly including preparation of a "film observation" of a distant center;
3) supervision and placement of the "in-service" trainees;
4) determining who has successfully completed the program's requirements and should be awarded a certificate;
5) "re-directing" into other career areas those who would not become good child care workers.

The Training Supervisor might also be in charge of a "campaign" to encourage everyone in the community who desires this type of work to participate in the training program. In addition to the Training Supervisor, the Berkeley Health Department and Alameda County Welfare Department might be called upon for the provision of resource persons and assistance.

E. Fees and Funding

It is suggested that the fees charged be minimal, in keeping with the usual fee schedule of the Berkeley Adult School. ADA reimbursement for class-time, in-service training hours and observation time would be the primary source of funds. Additional funds might be available through the Manpower Development Act. And both the WIN and AFDC programs should be contacted to determine if stipends could be provided for eligible trainees.

F. Evaluation of the Program

There would be a "built-in" evaluation of the program; that is, the participants would evaluate the program's usefulness to them and how it might be changed to make it better. Follow-up studies on the trainees and parental evaluations of graduates would also serve to measure how well the training program was accomplishing its goals. Furthermore, the "re-enlistment" of "graduates" who might wish to repeat the course in a few years to "refresh" themselves (again) would also be a clue to the program's usefulness.

LEGISLATION

All of the experts who addressed the Child Care Workshop on May 9th Stressed the importance of legislative activity in relation to the development of child care programs.

Standards for the physical requirements of nursery schools and licensed day care homes are contained in Administrative Codes subject to legislative action. Licensing procedures, eligibility for admission to Children's Centers, adult-child ratios, qualifications of staff, ages of children who may be served - all of these are similarly subject to legislative action. In addition, the crucial matter of funds for child care lies with the state legislature to a large extent. In just the few months that the study and planning project have been in process, we have seen legislative and gubernatorial action affect the state contribution to Children's Centers; a bill to make state child care funds applicable as the local share for matching federal funds; a bill to abolish over-ride taxes, including child care; and numerous other bills. Some of these bills would contribute positively to child care; others would cause serious harm. The vital point is that the actions of the legislature and the governor involve life and death issues for the future of child care in the State of California.

For this reason, we recommend active involvement with legislation as a crucial part of program development. Bills need to be studied and recommendations made. A flow of information to the community about legislation is of vital importance. Letter writing campaigns and personal visits to the capitol are essential.

The Planning Units support the efforts of the Alameda-Contra Costa Pre-school Education Committee (a new organization devoted to accomplishing these ends) and recommend that:

1. Planning Unit members and others interested in legislative activity be encouraged to join with this committee;

2. The Program Developer support the committee in its efforts and assist in the dissemination of information about legislation;

3. The Pre-school Education Committee be invited to appoint a liaison to the Committee on Child Care and to the recommended 4-C's Policy Committee.

In addition to supporting or opposing legislation which is introduced by legislators, it is important to stimulate new legislation to greatly expand the potential for child care services. Legislation of this nature could include:

1. ADA (Average Daily Attendance) reimbursement for the participation of three and four-year-old children in pre-school education programs under the auspices of school districts (this is the manner in which the state presently contributes to kindergarten through adult education. The only application of these ADA funds to a nursery school program is to be found in the school-operated parent participation nursery schools, in which the ADA reimbursement is based on the hours the parent spends in the program, not on the child's participation).

2. Enabling legislation to permit local communities to hold referenda to establish child care funds based on a local tax. Such legislation would provide the vehicle (i.e., a referendum election) for the residents of each community to express themselves directly in regard to funding child care services. At present, all child care funds are dependent on federal, state, private or school board actions. There has never been an opportunity for the populace to make its wishes and needs effectively felt in this important area.* If the legislature were to provide this opportunity for the citizens to vote, and, if they voted affirmatively, child care would acquire an independent status comparable to that held by education - child care would have its own local board and its own local funds. This approach could ultimately, and for the first time, make it possible to provide universal child care services for all who wished to utilize them.

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*A study conducted by Leonard A. Marascuilo and Kathleen Penfield of the University of California, Berkeley, in 1966, reported that the "combined estimate of the proportion of adults agreeing with a recommendation to operate more day care centers and nursery schools is .897 with a standard error of .016." While males and persons over 40 did not support the recommendation as strongly as females and younger persons, even among these groups, more than 80% agreed with the recommendation. It would seem that support for child care is very nearly universal among Berkeley residents.

APPENDICES

A. Sample of parent questionnaire.

B. Planning Unit members.

C. Members of the Committee on Child Care.

D. Directory of Child Care Services in Berkeley.

E. Press Clippings.

Additional survey forms, reports, documents and other materials referred to throughout this Report, as well as the completed, anonymous questionnaires and a map showing the approximate locations of respondent parents, are on file at Pacific Training and Technical Assistance Corporation, 3099 Telegraph Avenue, Berkeley, California.

CHILD CARE SURVEY

2556 Grove St., Berkeley, Calif. 94704 Phone: 549-3101

Definition: *CHILD CARE means any care which your child receives from someone other than yourself for all or part of the day. It includes sitters, nursery schools, parent cooperatives, children's centers, extended day care programs, and all other forms of child care.*

Instructions: *Include the needs of all your children — infants through sixth graders. Please begin with question #1 and answer every question as frankly and accurately as possible. Thank you.*

• • • •

1. Place a check mark in the box alongside each member of your household:

☐ Children ⟶ Ages ____________________
☐ Mother
☐ Father
☐ Grandparents
☐ Other adults

2. Do you need, want, use, or plan to use, child care? ☐ Yes ☐ No

IF NO, *please return this questionnaire in the envelope provided*
→ IF YES, PLEASE COMPLETE THIS FORM

3. Check your reason(s) for needing, wanting or using child care services and indicate which days and hours you are at work or at school:

☐ Working ⟶ Days and Hours ____________________
☐ Training for employment ⟶ Days and Hours ____________________
☐ Attending school ⟶ Where? ☐ UC, Berkeley, ☐ Merritt, ☐ Other
When? Days and Hours ____________________
☐ Ill-health
☐ Stay home but want group experience for my child
☐ Would work (or would work more) if good child care were available
☐ Would attend school or training program if good child care were available
☐ Had to quit work (or school) for lack of good child care
☐ Other: ____________________

4. Are you now using child care? ☐ Yes ☐ No

↳ IF YES, please fill in the chart below:

Type(s) of care now being used	Ages of children receiving care	Hours *(For example: "9 am - 6 pm," "2 - 4:30," etc.)*	Days *(For example: "daily," "T, Th," etc.)*	Approx. cost per week	Rating		
					Very satisfied	Satisfied	Dissatisfied
☐ Sitter in your home				$ ______			
☐ Sitter in her home				$ ______			
☐ Licensed family day care				$ ______			
☐ Nursery school ☐ Parent participation ☐ Public ☐ Private				$ ______			
☐ Extended day care center				$ ______			
☐ Other ______________				$ ______			

5. If you are not fully satisfied with your present child care arrangements, please explain:

6. Do you have any needs for child care services which are not being met at the present time?

☐ Yes ☐ No

IF YES, For which of your children do you need services? Age(s) ______________

When do you need services which you are not now getting? ______________

7. What do you do about child care if a child is ill?

8. **Forgetting cost, please check the type of care which would best serve your needs and those of your children.** *(If a combination of services would be best, you may check more than one item):*

- ☐ Sitter in your home
- ☐ Sitter in her home
- ☐ Licensed family day care
- ☐ Infant day center
- ☐ Part-time nursery school → ☐ Parent-participation ☐ Non-participation
- ☐ Full-day child care center → ☐ Year-round ☐ Summer only
- ☐ After-school program for school-age child
- ☐ Family center serving children of many ages
- ☐ Service to care for sick children
- ☐ Other ____________________

9. What would you like a child care program to provide? *(Check as many items as you wish and double check the two you believe to be most important)*

- ☐ ☐ An education program for parents
- ☐ ☐ A safe, clean place
- ☐ ☐ Loving adults
- ☐ ☐ A chance to be with other children
- ☐ ☐ Training in behavior (manners, minding teacher, etc.)
- ☐ ☐ A good hot lunch
- ☐ ☐ Instruction in numbers, colors, language skills, etc.
- ☐ ☐ Enrichment (field trips, music and art)
- ☐ ☐ A place to run and climb and play outdoors
- ☐ ☐ Opportunity for creative expression in a free atmosphere
- ☐ ☐ Counseling for parents
- ☐ ☐ Other: Please describe ____________________

10. What is the most that you feel you could pay for child care services? *(If you have more than one child, please check the total that you could pay for care for all of your children):*

- ☐ Less than $5 per week
- ☐ $5 to $10 per week
- ☐ $10 to $15 per week
- ☐ $15 to $20 per week
- ☐ $20 to $25 per week
- ☐ $25 to $30 per week
- ☐ More than $30 per week

11. How do you, or how would you, usually take your child to a sitter or child care program?

☐ Car ☐ Car pool ☐ Bus ☐ Walk ☐ Other

Is transportation a problem for you? ____________________

12. Are you on a waiting list for child care services? ☐ Yes ☐ No

If yes, how long have you been waiting?______________________________

13. Please describe your experiences and/or problems in getting child care for your children:

14. Additional comments or suggestions:

15. Would you like to be involved in the further planning for child care services in Berkeley?

☐ Yes ☐ No

If yes, may we please have your name, address & phone number:

Name ____________________________ Phone ______________

Address ____

PLEASE RETURN THIS QUESTIONNAIRE PROMPTLY IN THE ENVELOPE PROVIDED

Thank you very much for your cooperation!

Appendix B

Participating Members of the Planning Units

PLANNING UNIT 1 - Infants

Chairman: Dr. Ellen Gumperz, professor, Dept. of Social Sciences, University of California
Recorder: Mrs. Barbara Garrett, Berkeley Welfare Department
Committee on Child Care Representative: Mrs. Rebecca Tracy, parent
Committee on Child Care Alternate: Dr. Elmer Grossman, pediatrician

Members

Mrs. Norma Armstrong, Rose Street Community Center
Kathie Beers, ASUC Short-Time Center
Marianne Brown, National Organization of Women
Mrs. Vera Casey, teacher, Berkeley High School
Judy De Berry, parent
Vivian Hirshen, parent, teacher
Dorothy Kauffman, pre-school teacher, social worker
Jean Kelly, Alameda County Welfare Department, Licensing Div.
Betty King, Asian-American Task Force; licensed day care operator
Eleanor Letchaw, licensed day care operator
Debbie Majteles, U.C. student; parent
Etta Pauline Rose, licensed day care operator
Rona S. Rudolph, M.D.
Reggie Sedgwick, ASUC Short-time Center
Amanda Smith, parent
Mattie Stanberry, licensed day care operator

PLANNING UNIT 11 - Pre-School

Chairman: Toni Vincent, Acting Director, Head Start
Recorder: Mrs. Margaret Klein, parent
Committee on Child Care Representative: Joan Kramer, Social Worker
Committee on Child Care Alternate: Mrs. Mary Macmeeken, parent

Members

Barbara Abrahams, parent, Berkeley Hills Nursery School
Frances Bailey, All Souls Church
Nancy Bissell, parent

Bela Bognar, parent, U.C. graduate student
Gloria Carter, licensed day care operator
Geraldine Coote, parent, Pre-School Committee
Barbara Davis, Rose Street Community Center
Gwen Elliott, teacher, Early Childhood Education, BUSD
Livia Frank, teacher, West Berkeley Play School
Elizabeth R. Gericke, Berkeley Area Council of Churches
Dr. Arnold Gilbert, pediatrician
Jean Henry, Scenic Pre-School
Ruth Hess, teacher, King Children's Center
Mrs. Marilyn Horton, parent
Hatsue Katsura, Public Health Nurse
Barbara Keller, Department of Early Childhood Education, BUSD
Sally Kennedy, parent, nursery school teacher
Karen Kingsley, AFSCME
Miriam Knight, parent
Alice W. Kuznets, teacher, Berkeley Hills Nursery School
Margaret Larson, Berkeley Adult School
Jacqueline Lee, parent, Franklin Parent Nursery
Judith Leonard, parent, Pre-School Committee
Mrs.Gail Lundholm, parent, Berkeley Hills Nursery School
Mrs. Emme Mitchell, parent, Berkeley Hills Nursery School
Faith F. Okamoto, U.C. student
Virginia H. Plott, nursery school teacher
Nancy Polin, AFSCME
Leola Polk, parent
Alberthe Preston, coordinator, Parent Advisory Comm, Head Start
Genie Provencio, licensed day care operator
Karen Renne, Union of State Employees
Martha Robinson, Merritt College
Betty Rubardt, head teacher, West Berkeley Children's Center
Mike Samuel, parent, ASUC Short-Time Center
Karen Schwartz, parent, Berkeley Hills Nursery School
Helen K. Seitz, nursery school teacher
Harriet Shaffer, professor, early childhood education
Janet R. Snipper, Children's Community Center
Louise Stoltenberg, Rose Street Community Center
Mrs. Rose Weilerstein, teacher, Berkeley Hills Nursery School
Mary S. Williams, Church Women United
Thelma G. Wilson, teacher, Rose Street Community Center
Helen Wynne, Alameda County Welfare Department Day Care Coordinator

PLANNING UNIT 111 - Primary

Chairman: Mrs. Anne Smith, parent and nursery school teacher
Recorder: Mrs. Dorothy Torres, parent
Committee on Child Care Representative: Barbara Whipperman, teacher

Committee on Child Care Alternate: Frank Davis, Jr. Model Cities

Members

Carol Bigelow, Calif. Assn. for Neurologically Handicapped Children
Miss M. Butcher, professor of Social Welfare
Yolanda Butier, parent, licensed day care operator
Gertrude Christ, licensed day care operator
Chris Day, parent
Lynne Goodman, parent
Jacqueline Housh, Department of Early Childhood Education, BUSD
Clifford H. Hussey, Berkeley Health Department, Mental Health Division
Barbara Melich, parent, teacher
Camilla Moore, parent
Henry Paige, Community Relations, Berkeley Police Department
Mrs. Helen Popplewell, parent
Virginia Rigney, Alameda County Welfare Dept. Licensing Dept.
Theresa Willard, Community Relations, Berkeley Police Dept.

PLANNING UNIT IV - Upper Elementary

Chairman: Luther Stemley, vice principal, Columbus School
Recorder: Mrs. Anita Rosen, City of Berkeley Health Department
Committee on Child Care Representative: Dr. Harold Frazee
Committee on Child Care Alternate: Mrs. Velma Bradley, BUSD

Members

Joan Augustine, parent, former teacher
Sara Dalleske, parent Merritt student
Jean Dehlinger, M.D.
James Dixon, South Berkeley YMCA
Esther Gutierrez, parent, Latin Cultural Center
Alta Huber, Senior Recreation Supervisor, Berkeley Recreation and Parks Department
Roberta Koenig, Dept. of Human Resources Development

Staff for all Planning Units: Mrs. Violet Smith, Project Director

APPENDIX C

Members of the Committee on Child Care

Mrs. Rebecca Tracy
Chairman

Members of the Committee on Child Care:

Mrs. Velma Bradley
Mr. Frank Davis, Jr.
Mrs. Judy DeBerry
Mrs. Evelyn Elson
Dr. Harold Frazee
Mrs. Rose Marie Gray
Dr. Elmer R. Grossman
*Mr. Bob Guidry
Mrs. Joan Kramer
Mrs. John Macmeeken
*Mrs. Joyce Miller
Mrs. Frank Morris
*Prof. Lydia Rapoport
Mrs. Barbara Whipperman

Staff

Mrs. Mary Anne Kojan
Miss Susan Thompson
Early Childhood Education
Berkeley Unified School District

Liaison

Mrs. Dorothy Pitts
Department of Social Planning
City of Berkeley

*Names preceded by an asterisk indicate persons who, while participating in the earlier work of the committee, were not members of the Committee on Child Care at the time this report was submitted.

Appendix D

Directory of Child Care Programs in Berkeley

I. Pre-school programs offering full-time day care.

Name	Location Phone	Classification (Eligibility)
*King	Hopkins & Josephine 644-6795	Children's Center BUSD (low income)
*West Berkeley	2031 Sixth St. 644-6205	Children's Center BUSD (low income)
*Whittier	2034 Lincoln 644-6797	Children's Center BUSD (low income)
Rose Street Community Center	1226 Rose St. 524-4271	Non-profit (low income)
Hester's	2609 Milvia St. 848-7622	Proprietary (anyone)
Claremont Day Nurseries	3090 Claremont Ave. 658-2866 1738 Solano Ave. 524-3124	Proprietary (anyone)

II. Nursery Schools offering part-time programs (up to 15 hours per week)

Name	Location Phone	Classification (Eligibility)
*East Campus	Dana & Haste 644-6805	BUSD-Coop
*Edison	Oregon & Grant 644-6806	BUSD-Coop
*Franklin	1460 Eighth 644-6339	BUSD-Coop

(continued on p. 139)

*Applications at Office of Early Childhood Education, BUSD, 2031 6th Street, 644-6202.

Key: BUSD - Berkeley Unified School District
Coop - Parent Participation

II. Nursery Schools offering part-time programs (cont'd)

Name	Location Phone	Classification (Eligibility)
*Grove	1730 Oregon 644-6807	BUSD-Coop
*King	Berryman & Josephine 644-6823	BUSD-Coop
*U.C. Child Study	2425 Atherton 642-7031	BUSD-Coop
*Willard	2731 Regent 644-6837	BUSD-Coop
Harold E. Jones Child Study Center	2425 Atherton 848-3160	Public
Infant Nursery St. Marks	2314 Bancorft Way 848-8590	(Low income high school students)
ASUC Short-time Center	Gerton Hall, U.C. 642-5677	Public (for registered U.C. students only)
Children's Community Center	1140 Walnut 524-6226	Non-profit Coop
Berkeley Hills	1161 Sterling 848-6126	Non-profit Coop
Thousand Oaks	Colusa & Catalina 526-3773	Non-profit
Trinity Parent Coop	2320 Dana St. 848-7286	Non-profit Coop
Berk. Fellowship of Unitarians	1606 Bon'ta 841-4824	Non-profit Coop (includes Kindergarten and 1st grade)

(continued on p. 140)

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*Applications at Office of Early Childhood Education, BUSD, 2031 6th Street, 644-6202.

Key: BUSD - Berkeley Unified School District
Coop - Parent Participation

II. Nursery Schools offering part-time programs (Cont'd)

Name	Location Phone	Classification (Eligibility)
West Berkeley Play School	1823 9th St. 549-1433	Non-profit (program may be discontinued)
Berkeley Folk School	Virginia & McGee 843-6447	Non-profit Coop
Scenic Pre-school	2401 LeConte 848-3788	Non-profit
Berkeley Area Council of Churches and Church Women United (contact Mary Williams at St. John's Presbyterian Church 845-6830):		
Lutheran Church	Rose & Chestnut	Non-profit Coop
McGee Ave. Baptist	1640 Stuart	(discontinued)
Phillips Temple	3332 Adeline	Non-profit Coop
Berkeley Montessori School	2030 Francisco 843-9374	Non-profit
Elinor Griffin	2410 Prince St. 845-2025	Proprietary
Gay School	1611 Hopkins 526-2815	Proprietary
Melody Workshop	175 The Uplands 655-5224	Proprietary
Head Start	Contact EOO-BA 841-9151	Public (low income)
Berkeley Nursery School for Retarded Children	2717 Garber 849-1177	Non-profit Coop (for retarded children)

Key: Coop - Parent Participation

III. Extended day care offering before and after school care for school age children. (Kindergarten through 3rd grade)

Name	Location Phone	Classification (Eligibility)
*LeConte	LeConte School 644-6796	Children's Center (low income)
*Whittier	Whittier School 644-6766	Children's Center (low income)
*Koinonia West	Whittier School 644-6887	Children's Center (low income)
*Jefferson	Jefferson School 644-6767	Children's Center (low income)

*Applications at Office of Early Childhood Education,
2031 6th St., Phone: 644-6202

BERKELEY POST
CALIFORNIA'S INFORMED CENTER CITY NEWSPAPER
Thursday, March 5, 1970 2973 Sacramento St., Berkeley, Calif. 94702 Area Code 415: 849-0332

Berkeley is Now Planning Adequate Child Care Service

A jointly - funded city-school project to develop a comprehensive plan for child care services in Berkeley was announced recently by Mrs. Rebecca Tracy, chairman of the Berkeley Committee on Child Care.

A planning contract has been awarded to the Pacific Training and Technical Assistance Corporation, a firm which specializes in manpower development, research and program evaluation. The Berkeley Board of Education approved the contract with PTTA at a recent meeting.

The project will lay a basis for implementation and funding of needed services by surveying parent needs and child care resources.

"Berkeley's working mothers and their families will welcome this positive step toward expanding existing services and proposing innovative new programs," says Mrs. Tracy.

Mr. Otho J. Green, president of PTTA, underscored the importance of the project at a time when child care is being accorded top priority by all levels of government."

"Berkeley is in a position to set a national example by developing an exemplary program plan for city-wide day care services based on professional research and a planning process involving the total community," she said.

Mrs. Violet E. Smith will serve as project director of PTTA. She received her Master's Degree in Clinical Psychology from UC-Berkeley and served as Director of the Berkeley School Resource Volunteers. She recently returned to Berkeley after spending three years in Evanston, where she headed a mental health research and development project.

Selection of PTTA was made by a special review committee comprised of representatives from the city, the school district, the University of California, the U.S. Children's Bureau and the Committee on Child Care, after an initial evaluation of the planning proposals was made by the Committee on Child Care. Offices of the firm are located at 2556 Grove Street in Berkeley.

A $10,000 grant, contributed jointly by the Berkeley City Council and the Berkeley Unified School District, made it possible to secure professional assistance in developing a workable blueprint for meeting Berkeley's child care needs.

The Committee on Child Care, established by the City and School Board in 1968, will continue to work with the consultants to develop a plan and to implement it.

Berkeley Daily Gazette

143.

For 92 Years the Home Newspaper of the Greater Berkeley Community

BERKELEY, CALIFORNIA, TUESDAY, JUNE 16, 1970 No. 144

Child Care Budget Bid Study Set

With results of a communitywide survey indicating a minimum of 2,200 children with child care needs, the Berkeley Unified School District Board of Education tonight will mull a $38,000 budget request to begin expansion in this area.

The survey, a $10,000 joint city-school district project administered through the committee on Child Care and implemented by local consulting firm Pacific Training and Technical Assistance (PTTA), had a 68 percent response to 1,000 mailed questionnaires to Berkeley parents probing the scope and magnitude of child care needs.

The board was presented with a three-point proposal at its last meeting, calling for:

- A community child care office, to provide informational and referral services; nursery school and day-care center staff training program coordination; and assistance to licensed family ay care operators.
- A part-time position has already been created to perform some of the above mentioned functions.
- Joint city-school sponsored expansion of school-administered child care services; currently a scant three percent of the city's children in need of day care are in school operated facilities.
- And, for sick children of working parent(s), the establishment of "homemaker services," staffed with health aides, to provide emergency care for a child who would otherwise be excluded from out-of-the-home service.

The proposals were sub-

(Turn to Page 2, Col. 3)

Child Care Budget Request to Be Studied

(Continued from Page 1)

mitted, in letter form, to the City Council, by Mrs. Rebecca Tracy, chairman of the Committee on Child Care.

The ideas for them were developed during a series of weekly planning meetings organized by the committee following the results of the research done at PTTA under the diretion of Mrs. Violet E. Smith, Child Care Planning and Feasibility Study project director.

"THE GREATEST needs are for the youngest (3 months to 2 years) and oldest (9 to 12 years) groups," according to Mrs. Smith.

The group in the middle ages, 2 to 8 years, have proportionately fewer parents with "un-met" child care needs, though even these services are far from adequate in quantity or quality.

Of those indicating they needed, used, or planned to use child care, 36 percent returned a questionnaire stating their needs are not satisfied.

Another 43 percent stated that they use the services of unlicensed babysitters, either in their own home (28.9 percent) or in the sitter's home (13 percent).

"There is a clear mandate for group care," Mrs. Smith said, indicating the strong preference expressed by parents for licensed day care centers over the individual babysitter service.

A RACIAL breakdown of parents with "un-met" needs in this area shows the not too surprising phenomenon that ehtnic minorities (primarily blacks) have proportionately less resources available for services of this kind.

The study estimates (from school records and state public helth computer read-outs) that of the 13,723 children between the ages of 3 months and 12 years, 56 percent need full or part-time care.

"The actual population is probably closer to 18,000" Mrs. Smith said, "but we only have direct statistical knowledge of the 13,723."

Berkeley Daily Gazette

BERKELEY, CALIFORNIA, THURSDAY, OCTOBER 8, 1970 No. 243

Solutions For Child Care

The joint schools-city Committee on Child Care (CCC) has released the substance of a mammoth research study which points out a severe need for child care in Berkeley and offers some solutions to the problem.

The "Care for Our Children" report was presented Tuesday to the Berkeley Unified School District Board of Education by contributors to the study which encompassed six months of work by more than 100 persons.

The CCC hoped jt would be funded by the school district and the city to open a "community office of child care" to coordinate the city's child care situation, to help start new ones and to aid in the referral of parents to the available places for child care.

BUT TO THEIR DISMAY, the CCC representatives learned that the funds they had been counting on were placed in the district's general budget when it was approved in August.

A meeting is scheduled today with Schools Superintendent Richard Foster to discuss possible alternatives to fund a child care office and to aid a reported need for after school care for fourth, fifth and sixth graders.

THE CCC WILL ASK the city council for funding Tuesday.

The report to the schools board was presented by CCC chairman Rebeccah Tracy, Otho Green who is with Pacific Training and Technical Assistance (a private firm funded to do the research) and project director Violent Smith who is also with the research company.

The CCC established three priorities for funding by the school district and the city:

— A community child care office.

— An after school care program.

— Service for the care of sick children.

The report was based upon a survey of 1.000 Berkeley parents of children aged three months to 12 years. Some 67 per cent of the 1.000 responded to the mailed questionnaire.

From 700 questionaires, the CCC estimated more than 2.000 children jn Berkeley "have immediate unmet needs for child care services."

(Turn to Page 2, Col. 1)

Child Care Solutions

(Continued from Page 1)

Parents were asked to comment on their needs for child care, stating how much and what types of care they prefer and need and their reasons for needing it.

ACCORDING TO THE REPORT, 56 per cent of Berkeley's 13.723 children in this age bracket (from school and health department records) "need, want, use or plan to use child care."

The actual figure for the total population children of these ages was estimated at between 15,000 and 18.000, according to Mrs. Smith, who edited the 141-page report subtitled "A Comprehensive Plan for Child Care Services."

THE RESEARCH LED to the formation of planning groups composed of parents, teachers, and others interested in the problems of child care.

These groups met weekly for six weeks last summer to develop the main elements of the plans for expanding services to care for children.

145.

Berkeley Daily Gazette

BBERELEY, CALIFORNIA, THURSDAY, OCTOBER 22, 1970

Schools OK Child Care Fund Share

(Continued from Page 1)

The end result of the planning was a comprehensive report "Care for Our Children," and three "priority" proposals for which the committee seeks a total of $67,000 from the City Council and the schools.

The school board allocated $25,000 this week and earlier provided $8,800 for a salary.

Th three priorities are: care for sick children, after-school care for upper grade elementary school children, and a day care coordinating body, funded jointly by the city an the schools.

All services proposed by the committee are to be provided on a fee basis, by the hour, and these are to be determined by the recipient's ability to pay for the services.

The homemaker service would cost an average of $1 per hour, but would range from ten to twenty cents to "full cost" of $4.

Schools OK Child Care Fund Share

The Berkeley Board of Education has voted to kick in its half share of the request by the joint city-schools Committee on Child Care for money for various proposals for far-reaching day care services.

The City Council put off a decision on the request for a $33,800 allocation to initiate a homemaker service for sick children of working parents.

The committee is basing its request upon the recommdndations of a community-wide planning study in which more than 300 persons here voiced their opinions about child care needs.

(Turn to Page 2, Col. 5)

Berkeley Daily Gazette

BERKELEY, CALIFORNIA, WEDNESDAY, NOVEMBER 25, 1970

Child Care Programs OK'd

Fund Total Amounts To $33,800

By ROBERT KROLL
Gazette Staff Writer

Berkeley City Council last night took on two pioneering programs to aid the children of working mothers in two unanimous votes appropriating a total of $33,800.

The funds, requested by the joint schools-city Committee on Child Care, will fund two programs, both considered limited, to establish a Community Office of Child Care and homemaker service for sick children to be operated through the city Public Health Department.

THE DECISIONS followed a two-hour council study session probing the ramifications of the city becoming involved in child care services.

As the study session concluded, most of the council members appeared convinced the city will not be funding child care services per se, but rather preforming legitimate functions to promote careful future planning of such services, and providing an adjunct to the services of the health department.

THE HOMEMAKER service, to cost $24,000 this year, will care for the pre-school children of working mothers on an emergency basis for a "fixed minimum fee and a sliding scale of fees" up to the maximum cost of the program.

The community office, a joint project with the Berkeley schools, will cost the city $9,800, the salary of a "program developer" who will attempt to coordinate the city's child care services and devise proposals for outside funding of these services.

The office also will serve as a referral center for parents seeking care for their children, organize training programs for persons offering child care services, and operate a cooperative buying program for day care center food and materials.

THE UNANIMOUS vote was

(Turn to Page 2, Col. 4)

Child Care Funds

(Continued From Page 1)

quite a surprise to most of the committee members, who appeared in force last night for the session.

Councilman John DeBonis' "yes" vote was particularly baffling, and he later publicly commented: "I surprised you, didn't I? . . . but I couldn't vote against the children."

DeBonis at past meetings expressed opposition to such programs.

Mrs. Joan Kramer, chairman of the child care committee, said she was "delighted" with the votes.

A CHEER went up as the needed five votes were secured with DeBonis' endorsement of the community office.

Some comments by former councilwoman Margaret Gordon seemed instrumental in swaying of opinion of some councilmen on the philosophy of public support for child care.

But a detailed and well-articulated presentation by the committee and by Mrs. Violet Smith, who prepared the document "Care for Our Children" appeared to be the deciding factors on the two city-funded proposals.

AN ESTIMATED 500 persons will be eligible for the homemaker service, which will involve the hiring of a staff coordinator and five 30-hour per week trained homemakers.

As a pilot program, the service will be re-evaluated when funds run out before further funds are allocated.

Only children currently enrolled in full-time day care programs will be eligible for this service on days when they are sick. They must be in situations that would normally require their mother to stay out of work for the day.

For this service the mother will pay a "fixed minimum fee," as yet unspecified, up to the total cost of $5 per hour, depending on her income.

Mayor Wallace Johnson questioned the committee on the processes of screening for eligibility and fee-setting. He appeared moderately satisfied that these details would be taken care of when the program gets off the ground.

Oakland Tribune
Fri, Nov 25, 1970 E21

Berkeley Child Care Funds OK'd

BERKELEY — The city council last night unanimously agreed to pay its half of a unique approach to the problem of emergency day care for the children of working parents.

The council had failed to approve the plan on two previous occasions, and proponents of the measure burst into applause after the voting.

The other half of the funds was appropriated last month by the Berkeley Unified School District.

From the city's $33,800 portion will come $24,000 to provide "homemakers" to go into the homes of working mothers and care for children too ill to be admitted to day care centers, such as those with infectious childhood diseases or upper respiratory ailments.

The parent will be charged a fee equivalent to a percentage of one day's pay, up to a maximum of about $5 an hour such care will cost.

Also to be paid by the city is $9,800 of the cost of a program developer who will be hired to administer child care programs and to seek outside funding—from government agencies or foundations — for a comprehensive plan of child care services.

These proposals were drafted over a two-year period by the Committee on Child Care, established jointly by the city and the school district, and a $10,000 professional study.

Ultimately, some 2,300 children are expected to be eligible for the homemaker service during illness, but the initial pilot project phase approved by the council will cover some 500 pre-school children.

When Councilman John DeBonis, who has been on the negative side of the council's 4-4 split on the subject, announced he would vote in favor of "giving it a chance," the audience broke into applause.

After the vote, DeBonis, smiled into his microphone, "I fooled you, didn't I?"

Several councilmen have indicated they favored deferring action on any child care programs until next January, when they will hear proposals for a privately operated version by Mrs. Luther Nichols, who operates Claremont Day Nurseries.

But last night, Vice Mayor Wilmont Sweeney said he could see no conflict with the plan adopted and anything Mrs. Nichols might suggest, since she has already told the council that no day nursery can provide care for children with communicable illnesses.

In other action, the council set Dec. 22 for a study session involving the council, the Redevelopment Agency and Ocean View area residents who are protesting redevelopment plans in connection with the West Berkeley Industrial Park bounded by University Avenue, Cedar and Sixth Streets and the Eastshore Freeway.

William Walker, chairman of the Ocean View Committee, asked the council to investigate the actions of the Redevelopment Agency and to order the suspension of plans for the industrial park pending the outcome of the investigation.

Walker said the agency is destroying "livable homes" to serve the interests of business and industry, and that fair market value for those homes would not be sufficient to buy equivalent housing elsewhere in the city.

The industrial park project has been undergoing planning for eight years.

Oakland Tribune

Fri., Nov. 27, 1970 E 21

Day Care for Children

The decision by the Berkeley City Council to develop services to care for ill children of working mothers is one which is as innovative as it is meritorious.

The council unanimously agreed to join the Berkeley Unified School District in a pilot project to provide day care for an estimated 500 children.

The city appropriated $33,800 for the program, $24,000 to be used to provide for homemakers who will go into homes and care for children too ill to be admitted to private day care centers.

A percentage of one day's pay earned by the mother, up to certain limits, will be charged to help offset costs.

The remaining $9,800 will be used to hire a director who will administer the program and seek outside funding that could ultimately provide services for many as 2,300 children.

The number of children that could receive the services is indicative of the growing number of women who hold down jobs in the labor market.

Many of these women work because of economic necessity; many are the only family wage earner.

Normally, if one of her children contracts a contagious illness, the mother would have to miss work to care for the child.

Under this new program, the mother could continue to work, the child could receive individual attention of the homemaker and the illness could be isolated at home rather than possibly being spread at a nursery.

Other communities would do well to keep a watchful eye on the progress of this pilot program — to determine whether such a plan would benefit their own citizens.